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Senate

The Senate met at 3 p.m. and was called to order by the Honorable JONI ERNST, a Senator from the State of Iowa.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, accept our thanks and praise for all You have done for us. Thank You for the splendor of creation, for the wonder of life, and for the mystery of love. Thank You for family and friends and for the love that surrounds us on every side. Lord, thank You for work that demands our best efforts and for the satisfaction of a job well done. Thank You also for disappointments and failures that teach us to depend on You. Thank You for our lawmakers; endue them with courage and loyalty, inspiring them to glorify You in every action, both large and small.

And, Lord, thank You for the influential life and legacy of former First Lady Nancy Reagan.

We pray in Your Holy Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

REMEMBERING NANCY REAGAN

Mr. McCONNELL. Madam President, Nancy Reagan was one of the most powerful First Ladies in recent memory. For instance, sometimes she spoke

out on issues like substance abuse, but more often Nancy wielded her power with calm confidence and quiet steel. It was an attitude that helped guide Nancy through so many challenges in her own life: getting an acting career off the ground, leaving it to raise a family, riding the ups and downs of a life in politics, watching her husband brave the bullet of a would-be assassin or face the threat of cancer, and then confront the same reality herself.

Nancy Reagan may have been a star in Hollywood and a force in the rough-and-tumble of Washington, but it was the challenges to come that would reveal her true strength.

In 1994, former President Reagan addressed a letter to his fellow Americans. He said: "I now begin the journey that will lead me into the sunset of my life."

Nancy shared her very personal experience with that cold and cruel disease, telling Americans of the "terrible pain and loneliness" that accompanied Alzheimer's "very long goodbye," but she never gave in or gave up. Nancy was strong for her husband, she was a rock for her family, and she was an example for a nation that looked to her for inspiration.

One day, after many long and difficult years, Ronald Reagan opened his eyes and looked at Nancy. "He hadn't done that in well over a month," she recalled. "But he looked at me and closed his eyes. And went. And that was a wonderful gift."

We felt Nancy's immense pain when she leaned over his casket, kissed it, and mouthed her tearful farewell.

From "Morning in America" to a sunset in Simi Valley, the Reagan love story was classic Hollywood, but it was also unmistakably human. Nancy said her life had only really begun after she met Ronald Reagan. Now she joins her best friend to dance together once more.

We in the Senate join our Nation in mourning the loss of Nancy Reagan.

We offer every condolence to the family members left behind.

Let us remember the rest of what President Reagan wrote to the Nation in 1994. "I now begin the journey that will lead me into the sunset of my life," is what he wrote then, but—but—"I know that for America there will always be a bright dawn ahead."

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. McCONNELL. Madam President, as I noted earlier, combating substance abuse was an issue close to Nancy Reagan's heart. It is fitting that we will have an important opportunity this afternoon to address the prescription opioid and heroin epidemic sweeping our Nation. We can do so by advancing the Comprehensive Addiction and Recovery Act.

Just a few months ago, we appropriated \$400 million to opioid-specific programs. We are glad that all of those funds remain available to be spent today, and now we can pass comprehensive, bipartisan legislation that will help build upon the progress being made in this fight.

This CARA bill would expand education and prevention. It would bolster law enforcement efforts. It would improve treatment initiatives. This bill has also received broad bipartisan backing and the support of nearly 130 groups dedicated to ending this crisis.

We appreciate the work of the senior Senator from Iowa, Mr. GRASSLEY, who worked to move this bill swiftly out of the Judiciary Committee. We thank Senator PORTMAN, Senator AYOTTE, along with the junior Senator from Rhode Island and the senior Senator from Minnesota, for all the work they have done to advance CARA. We recognize the continuing efforts of Senators on both sides of the aisle who have put party labels aside to build support for this much needed legislation.

So let's continue that work by voting for cloture on CARA so we can take an

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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important step forward to address this national epidemic.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 7, 2016.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JONI ERNST, a Senator from the State of Iowa, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mrs. ERNST thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

REMEMBERING NANCY REAGAN

Mr. REID. Madam President, I join the Republican leader in extending my sympathies to the entire Reagan family. Nancy Reagan was a wonderful First Lady. She was also an incredible individual in her own right. She was always gracious and charming.

The last time I saw Nancy Reagan, she was here in the Rotunda of the Capitol dedicating a statue of her husband, President Ronald Reagan. At that time, she was already well into her late eighties, but there she was, standing next to his statue with a big smile on her face. Her very presence brightened the entire Hall—she and Ronald Reagan standing together, he in the form of a statue, she standing next to him, together. It really was a fantastic picture.

Nancy, of course, will be missed. I say, though, my mind returns to a different time. It reminds me of the years Ronald Reagan was in the White House—a card-carrying conservative, yet a very pragmatic Republican.

The Nation will miss First Lady Nancy Reagan and miss her partner, the President of the United States, Ronald Reagan.

FILLING THE SUPREME COURT VACANCY

Mr. REID. Madam President, from the Des Moines Register. Two former Lieutenant Governors of the State of Iowa—and I am sure the Acting President pro tempore knows both of them, one a Democrat and one a Republican—here is what they said, among other things: “This isn’t the CHUCK GRASSLEY we thought we knew.” Again, I re-

peat, this is two Iowans, former Lieutenant Governors Joy Corning, a Republican, and Sally Pederson, a Democrat.

Last week former Lieutenant Governors Corning and Pederson coauthored an op-ed in the Des Moines Register criticizing the senior Senator from Iowa for abdicating his constitutional duties by blocking consideration of President Obama’s Supreme Court nomination. The op-ed reads, among other things:

Iowans are known for being hard workers, and we appreciate that quality in our elected officials. We wake up every day, ready to do our part, and get the job done. We are also politically astute, understand the U.S. Constitution, and know when an elected official is more eager to find excuses than create solutions. Unfortunately, Sen. CHUCK GRASSLEY is refusing to do his job as described in Article 2 of our Constitution, giving “advice and consent” on the president’s upcoming nomination to the Supreme Court.

GRASSLEY is threatening to use his powerful post as chairman of the Judiciary Committee to block a hearing on any nominee, regardless of how well qualified he or she is. His recent column and public statements regarding the vacancy on the Supreme Court are troubling and harmful to our courts. Moreover, this isn’t the CHUCK GRASSLEY we thought we knew.

“This isn’t the CHUCK GRASSLEY we thought we knew.” I agree with these Iowans. This isn’t the Senator I have come to know over the last three decades. The Senator I knew would not cede the independence of the powerful Judiciary Committee he has served on for many decades to the Republican leader. The Senator I knew would not ignore his constitutional duties for the sake of election-year politics, but for whatever reason the Senator from Iowa made a fateful decision in the hours after Justice Antonin Scalia’s death. He is allowing himself and his committee to be manipulated by the Republican leader for narrow, partisan warfare. He is taking his orders from the Republican leader and, sadly, Donald Trump. When asked about this issue, Donald Trump’s words were three: delay, delay, delay. Senator GRASSLEY must have been listening.

The people of Iowa, without question, are displeased with their Senator. The Des Moines Register quoted one of Senator GRASSLEY’s disappointed supporters as follows:

He seems to be doing what other people are saying, not what he thinks is best. That has really colored my opinion of him in the past week.

Another Iowan who supports the Senator told the newspaper:

I think he’s making a bad mistake. . . . It’s purely a political party play, and there isn’t any space for that in this situation.

Now, as each day passes, the senior Senator from Iowa is trying desperately to justify his blind loyalty to the Republican leader and to Donald Trump. Senator GRASSLEY is grasping for a rationale—any rationale—that will excuse him for not doing his job. That desperation is now taking Senator GRASSLEY down a very dark path.

Last Thursday, the senior Senator from Iowa addressed the Conservative Political Action Conference, CPAC, which took place here in Washington. In his speech to them, here is what Senator GRASSLEY said: “I feel it’s about time that we have a national debate on the Supreme Court and how it fits in with our constitutional system of government.”

The chairman of the Judiciary Committee is suggesting that we reevaluate the Founding Fathers’ work, reevaluate the Constitution of the United States, and change the Constitution of the United States. Why is Senator GRASSLEY debating what the Constitution makes clear? The Senate must provide its advice and consent on nominees appointed by the President to the Supreme Court. Think of the irony. Justice Scalia was a strict constitutionalist. Yet now, in the weeks following his death, Senator GRASSLEY wants to throw out the Constitution just because President Obama gets to pick Scalia’s replacement.

The former Senator from Iowa Tom Harkin said it best yesterday. This appeared in the Des Moines Register: “The position taken now by the majority leader and majority members of the Senate Judiciary Committee is simply astounding, and not in keeping with a ‘strict,’ or even ‘loose,’ construction of the Constitution.”

The Constitution isn’t some ball you pick up and take home just because you are still mad that Barack Obama is the President. If Senator GRASSLEY and Republicans find themselves on the wrong side of the Constitution, it is their policies that should change, not our Nation’s founding document, the Constitution of the United States. If Republicans are uncomfortable with not performing their duties, the answer isn’t to take an eraser to the Constitution. No, we don’t need to take an eraser to the Constitution. The answer is to do your job.

If the Senator from Iowa wants to extricate himself from the situation he created, there is a way. All he needs to do is wrest back his chairmanship from the Republican leader and give President Obama’s nominee a meeting, a hearing, and a vote. In short, he needs to do his job. It is that easy. No changes to the Constitution are required. If he does his job, the people in Iowa will not have reason to say: “This isn’t the CHUCK GRASSLEY we thought we knew.”

AFFORDABLE CARE ACT

Mr. REID. Madam President, on another subject, last Thursday, the Department of Health and Human Services released updated statistics about the number of Americans who now have health insurance. This is ObamaCare. The numbers are incredible.

Since enactment of the Affordable Care Act, 20 million Americans have

gained health care coverage—20 million; 6.1 million adults, ages 19 to 25, now have health insurance.

Remember, it wasn't long ago that everyone said they wouldn't sign up. Now, 6.1 million have. Before we passed ObamaCare, some 50 million people in this Nation were without health care. Now, because of the Affordable Care Act, 91 percent of Americans are now insured. That is stunning. It is only getting better. Every day, more and more people who were previously without health insurance are now covered. That is true across racial and ethnic lines.

Listen to these stunning statistics. The uninsured rate for African Americans has dropped by more than 50 percent. That is the equivalent of 3 million newly insured people. The uninsured rate for Hispanics dropped by more than 25 percent, representing 4 million insured Americans.

The evidence is clear: The Affordable Care Act is working. From Nevada to Kentucky, our constituents are getting the quality health care they were promised when Congress passed the Affordable Care Act. It is time for Republicans to stop following Donald Trump's lead by clamoring for repeal.

It is really nervy for Republicans to come down here, as they do all the time in the Senate—they have been quiet lately—and as they do on the campaign trail. This large number of Republicans, which is narrow, still all say the same thing: The American people should listen to what we are saying; we have to get rid of the Affordable Care Act. We have to get rid of it.

How disappointing. It is time for Republicans to face the facts. ObamaCare is helping tens of millions of Americans and will continue to do so.

Madam President, I ask the Chair to announce the business of the day.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business until 4 p.m., with Senators permitted to speak therein for up to 10 minutes each.

Mr. REID. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FILLING THE SUPREME COURT VACANCY

Mr. GRASSLEY. Madam President, as my colleagues in the Senate just heard, the tantrums from the other side continue, but I guess it shouldn't surprise anybody because everyone around here knows that nothing makes the minority leader more mad than when his side is forced to play by its own rules.

The American people are divided, and the divided government the American people delivered over the last several election cycles reflects those divisions.

Our constitutional Republic was designed with a series of checks and balances. As any branch gets too powerful or exceeds its authority and tries to impose policies the American people don't want, the people express their will through the electoral process, and that is what we have witnessed during the last several election cycles.

Over the last few years, our current President has engaged in a systematic and very massive overreach of his executive power, way beyond what the Constitution has ever considered, and—thank God for checks and balances—the courts have said as much, and that is why I am here today. I am here today to tell you how the courts have interceded and curbed this massive overreach of Executive power. But as he has done so, the people have responded.

Since he was first sworn into office in 2009, nearly 70 additional Republicans have been elected to the People's House. And there are 13 more Republican Senators today than there were in January of 2009.

In January of 2014, frustrated that the people's representatives wouldn't enact his liberal policies, the President famously said that he would use “a pen and a phone” and impose his agenda anyway even though Article One of the Constitution is very clear. It states that the legislative powers of the United States shall be vested in the Congress, not with the President of the United States.

Just a few months later, in November of 2014, the people spoke and sent nine additional Republicans to the U.S. Senate.

This is the beauty of our system of checks and balances, and the Framers of our Constitution designed it that way. The Framers knew a thing or two about Executive overreach, because they had to deal with somebody called George III. They had firsthand experience with an Executive, King George III, who imposed his will on the people unilaterally.

So you wonder why our Constitution has checks and balances? The President holds the Executive power, the Congress writes the laws, and the Supreme Court interprets them. That is what we call separation of powers. That's why we have checks and balances. That's why we have separation of powers. And that is why our Constitution is designed so that no Presi-

dent can appoint a Supreme Court Justice with a pen and a phone.

As we continue to discuss what is at stake during this Presidential election and whether the American people want to elect a President who will appoint yet another liberal Justice, I wanted to take a few minutes to review some of this President's efforts to expand the reach of his power and impose his will on the American people. This President has pushed the envelope at every turn. He has sought to impose his will on the American people in ways and to a degree that this Nation has never before witnessed.

What is striking about this President's record before the Supreme Court is that even with a Court as liberal as ours, the Obama administration still has the lowest winning record of any President going back to at least the Truman administration. When presented with this undeniable fact, the President's apologists quickly grasp for the nearest bogus defense. Most notably, they claim that the Supreme Court is more ideologically hostile to this President than previous Courts were to other Presidents. Now that is a very crafty argument, but it is what Justice Scalia would have called “pure applesauce.”

Leading Supreme Court analysts declared the last term of the Supreme Court, even with Justice Scalia on that Court, as the most liberal since the 1960s. So the President's defenders can't blame the Court's makeup for its rebuke of his expansive claims of power. And of course this explanation fails to account for the fact that President Eisenhower took office and litigated in a Supreme Court with eight Justices who were appointed by Democrats or that President Nixon's administration began with an even more liberal Court than Eisenhower. No, this President hasn't lost cases because the Court is ideologically hostile to this President and his policy; the Court has rejected this President's power grabs because they are based on ideology and an unwillingness to recognize that the law constrains that power.

All too often the President's claims are supported by an Office of Legal Counsel and a Solicitor General's Office that seem unwilling to tell the President that his impulse for expanded power is flatly contrary to the law. I'd like to describe a few examples. The President's lawyers argued that he could ignore the Senate's determination—this body's determination—of when it was in session in order to make recess appointments. No President in our history ever claimed that recess appointments were permissible in that situation. But the Office of Legal Counsel—once considered the crown jewel of the Department of Justice—offered a tortured justification to sanction that assertion of power.

If this view of Presidential power were allowed to stand, the President could bypass the Senate with ease to install individuals in powerful government positions with no check from the

Senate, as the Constitution envisions. Fortunately, the Supreme Court disagreed 9 to 0. That means even this President's appointments to the Supreme Court said that he violated the Constitution with those recess appointments. The Constitution clearly says that the Senate shall determine when we are in session and in recess.

That isn't the only example. The Obama administration argued that the Equal Employment Opportunity Commission could resolve an employment discrimination case between a minister and the church that fired her. The Supreme Court found the Obama administration managed to violate two different provisions of the First Amendment at the same time. It violated the free exercise of religion clause because if the President's argument carried the day, the government could interfere with a church's doctrine. Additionally, it violated the establishment clause of the First Amendment because if this President had his way, the Federal Government could get into the business of selecting a church's ministers. The Supreme Court rejected those claims 9 to 0.

On the regulatory front, in a series of rulings, the Supreme Court rejected the President's arguments that agencies can deny the ability of private citizens to seek relief against regulatory overreach. For instance, the Court rejected the Environmental Protection Agency's powers to force a homeowner, through escalating fines, to comply with an order while at the same time denying that homeowner the ability to challenge the order in court. The Supreme Court rejected Obama's EPA's claims 9 to 0.

In another case, the Court held—contrary to the position advanced by the Army Corps of Engineers—that a landowner could sue in court for just compensation for a taking when the government-caused flooding of his property is temporary and recurring. Again, the Supreme Court rejected the government's position 8 to 0.

When the Internal Revenue Service attempted to enforce a taxpayer's summons while at the same time denying the taxpayer the right to question the IRS official about their reasons for the summons, the Supreme Court rebuked the administration 9 to 0.

In still another case, the Court rejected the Equal Employment Opportunity Commission's argument that its decisions aren't subject to judicial review when that agency concludes by its own estimation it fulfilled its duties to attempt conciliation under title VII of the Civil Rights Act of 1964. Once again, the Supreme Court rejected that claim by this administration 9 to 0.

Similarly, when a veteran's benefits were denied and the appeal wasn't filed within a certain time period, the Department of Veterans Affairs turned around and denied that veteran the ability to seek judicial review. The Supreme Court rejected the position of the Department of Veterans Affairs 8 to 0.

And when the Federal Communications Commission changed its policies midstream regarding isolated examples of indecent language, the Supreme Court found 8 to 0 that the FCC had violated due process.

These are important rulings. Far too often, this administration imposes government power against the people while brushing aside important procedural safeguards. Remember, the Constitution is to protect the people from its government—something we learned from George III.

Justice Frankfurter spoke to this point. He once wrote: "The history of liberty has largely been the history of the observance of procedural safeguards."

Consider as well areas in criminal law where the Obama administration pressed positions that erode individual freedom. This President's lawyers argued that the police could install a GPS device on a vehicle, and then use that device to monitor the car's movements without a search warrant under the Fourth Amendment. I don't know what would be left of the Fourth Amendment if the Supreme Court had upheld the President's claim that the government could operate in that manner. Thankfully, the Supreme Court rejected that argument as well. The vote tally was 9 to 0.

The Court blocked the Justice Department's prosecution of a person under the Chemical Weapons Convention because the convention didn't reach the defendant's simple assault. Again, the Supreme Court rebuked the President 9 to 0.

These are not the rulings of a Supreme Court that is ideologically hostile to the Obama administration. Every one of these rulings was unanimous—every one. And there are still other Supreme Court decisions rejecting this President's power grabs where the vote tallies were much closer.

The President and his lawyers made utterly baseless arguments for executive and regulatory power in case after case. In so many of these cases, the unifying thread underlying this President's litigating position is the notion that the people are subservient to the Federal Government and, of course, subservient to its agencies, rather than the other way around. So far the Supreme Court has not agreed.

But during this Presidential election, the American people should consider whether they want to elect a President who may nominate a Justice who will embrace such a vast expansion of executive and regulatory power. This is what I've called for in a number of speeches, both in Iowa and here as well. This is an opportunity for the American people to have their voices heard. Letting the people decide in the election isn't just about who the next Justice on the Supreme Court is going to be. It is about the role of the Supreme Court and the judicial branch in our constitutional process.

We heard just a little while ago the floor leader of the minority party say-

ing that somehow I want to rewrite the Constitution. This isn't about rewriting the Constitution. The Constitution is pretty clear: The Supreme Court interprets law, not makes law. And with the approval rating of the Supreme Court going down from about 50 percent to 28 percent in polls ever since this President took office, and the tendency for some Republican appointees as well as Democrat appointees to make the law the way they want it, that is just getting back to the basics—that the Supreme Court is an interpreter of the law, not a maker of the law.

So I think having a basic debate similar to what people learn in high school isn't a bad thing.

Now, will an election change what the Supreme Court, the people who are on it now, decide to do? I don't know—probably not. But it will allow for the next elected President to have the opportunity to choose which direction they want it to go. Do they want a Justice who is going to interpret the law or a Justice who is going to make the law?

Before the passing of Justice Scalia, we had four conservative justices, four liberal justices, and one in the middle—Justice Kennedy—who could go either way in some cases. We know what kind of judicial activists this President puts on the Supreme Court. Do you want to change the direction so that the Second Amendment rights of guns are in jeopardy or like when we saw attempts by this administration to say who a church can hire or not hire—and violate the freedom of religion—and other very important issues that are at stake?

It is pretty fundamental what is at stake, and I think having this debate is very important. And I think letting the people decide is very important.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. CORNYN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CALLING FOR APPOINTMENT OF A SPECIAL COUNSEL

Mr. CORNYN. Madam President, I have come to the floor several times to talk about the ongoing investigation into the private email server of former Secretary of State Hillary Clinton.

While serving as the top diplomat for the United States, she plainly believed she could play by her own set of rules. Instead of using a government server with all of the attendant protections from cyber attacks and intelligence gathering by our adversaries, Secretary Clinton paid a staffer thousands of dollars to set up a private, unsecure

email server at her home in New York. So it is pretty clear, based on published reports, that Secretary Clinton went out of her way by paying money out of her own pocket to avoid important laws that Congress has passed to guarantee that the American people actually know what their government is doing. I am talking particularly about the Freedom of Information Act.

I haven't heard of any other example of someone in the Federal Government—accountable to the people of the United States—setting up a separate private email server just to conduct official business, not to mention the Secretary of State. It is simply unprecedented.

Her actions also put our country at risk, as her private email server was reportedly insecure. We have heard time and again from those in the intelligence community that her use of an insecure, private email server left her emails—some highly classified—vulnerable to hacking and cyber attack from our Nation's enemies.

We may never know the full extent to which her irresponsible actions have affected our military endeavors, our diplomatic efforts, our overall national security or the lives and safety of those who serve in the intelligence community or are in harm's way trying to keep our country safe. We don't know to what extent her recklessness and irresponsibility have jeopardized the lives of people who are engaged in keeping our country safe. We do know that it has jeopardized the security of our country at large.

To this day, Secretary Clinton refuses to accept full responsibility for her actions and denies the serious nature of the FBI's ongoing investigation, calling it only a "security review." Well, it is pretty clear that the Justice Department is doing an investigation. Just this last week, it was reported that the Justice Department granted immunity to the staffer who set up Secretary Clinton's server. So this further confirms that Secretary Clinton is misrepresenting to the public when this inquiry is dismissed as some routine "security review."

We don't grant immunity from criminal prosecution to someone in order to gain their cooperation to testify in a case where they otherwise would claim the Fifth Amendment right against self-incrimination. That is why immunity is granted—so they no longer can claim a belief that they might be prosecuted for being a witness against themselves. That is why immunity is granted.

So this indicates what I have said all along, which is that this is a serious investigation that may determine that classified information has been mishandled—a serious crime. The Justice Department should pursue this case as aggressively as it would any other case involving any other person where there has been concern about the mishandling of classified information because the American people deserve nothing less.

Secretary Clinton is not just some random citizen or former government employee; she was a member of this President's Cabinet and Secretary of State. In light of this extraordinary case and the unavoidable myriad of conflicts of interest, I have called repeatedly on the Attorney General to appoint a special counsel to fully and fairly conduct the investigation. It is not just important that a thorough and independent investigation be conducted; it is important that the American people have confidence and believe that a fair and independent investigation is being conducted. One simply can't reach that conclusion, given the fact that the Attorney General, who is the political appointee of this President and who serves at his pleasure, is loathe to have this investigation proceed, and I will get to that in a moment. The President has inappropriately made comments while this investigation is ongoing. I asked the Attorney General last fall—she is the only one who can make this decision—to appoint a special counsel to give some semblance of independence from the political operation at the Department of Justice and the White House. Unfortunately, almost 6 months later, no independent counsel has been appointed. I think the necessity for such a person to be appointed is even more critical than ever.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. CORNYN. Madam President, we will soon end the debate and vote on a bill known as the CARA Act, a piece of legislation that will help restore families and communities across America that have been harmed by addiction and drug abuse. This is a serious piece of legislation that has been done on a bipartisan basis and is a good illustration of how we in the Senate ought to be doing our jobs as representatives of the American people. We identify a problem, and we work across the aisle to come up with a solution. We consider it on the floor of the Senate so that all 100 Members can have an opportunity to discuss it.

An essential part of getting this legislation considered and passed on the floor is the hard work that happens in the respective committees, and the Comprehensive Addiction and Recovery Act is no exception. It is not only the result of bipartisan work but also the leadership of the chairman of the Judiciary Committee, the senior Senator from Iowa. We would not be here today considering this important legislation without Chairman GRASSLEY's leadership. So it has been particularly disappointing for me to hear the Democratic leader and some across the aisle disparage this good man and say that he and other Republicans are not doing their jobs. I think the evidence is to the contrary. It is our job to advance commonsense legislation that will benefit the entire country. That is exactly

what this legislation does and exactly what the chairman has been diligently pursuing.

I would like to remind our friends across the aisle that the legislation we will soon advance is a bill the chairman diligently guided through the Judiciary Committee. I am thankful for his leadership and look forward to moving this bill along.

Madam President, I see no other Senator wishing to speak.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. 524, which the clerk will report.

The bill clerk read as follows:

A bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Pending:

Grassley amendment No. 3378, in the nature of a substitute.

Grassley (for Donnelly/Capito) modified amendment No. 3374 (to amendment No. 3378), to provide follow-up services to individuals who have received opioid overdose reversal drugs.

Mr. CORNYN. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MARKEY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MARKEY. Madam President, before I begin, as we discuss the Comprehensive Addiction and Recovery Act, I would like to take a moment to thank Senator WHITEHOUSE for his role in developing the bill and bringing it this far. I also convey my gratitude to Minority Leader REID and the ranking member of the Judiciary Committee, Senator LEAHY, for their excellent staffs and for urging that my amendments—which I will address momentarily—be a part of the discussion and for managing the negotiations on this bill. I also thank Senator MURRAY, the ranking member of the HELP Committee, for help and counsel on amendments.

Let us pause for a moment and consider the causes of the prescription opioid and heroin epidemic gripping our country. Understanding the causes will help us focus on the right solutions. Three distinct parties bear much of the blame for this public health crisis.

First, there is Big Pharma. In the mid-1990s, the seeds of this epidemic

were planted with the aggressive, misleading, and ultimately criminal marketing of the powerful opioid painkiller, OxyContin by Purdue Pharma. Purdue claimed OxyContin was not addictive and couldn't be abused. Neither of those claims turned out to be true. Purdue Pharma built a massive marketing and sales program for OxyContin. From 1996 to 2000, Purdue Pharma's sales force more than doubled from more than 300 sales representatives to almost 700 sales representatives. In 2001 alone, Purdue gave out \$40 million in bonuses to its burgeoning sales force. As a result of these sales and marketing efforts, from 1997 to 2002, OxyContin prescriptions increased almost tenfold, from 670,000 in 1997 to 6.2 million in 2002.

Purdue's marketing of OxyContin broke the law. In 2007, Purdue Pharma paid \$600 million in fines and other payments after pleading guilty in Federal court to misleading regulators, doctors, and patients about the risks of addiction to OxyContin and its potential for abuse.

Second, Purdue Pharma's criminal wrongdoing did not occur in a vacuum. The Federal Government helped to enable this epidemic. The Federal Drug Enforcement Administration is responsible for approving the annual production quotas for pharmaceutical companies to manufacture oxycodone, the principal ingredient in OxyContin. From 1996 to 2016, the Drug Enforcement Administration obliged Big Pharma and increased by almost 150 percent the amount of oxycodone authorized for manufacture. In 1996, the DEA authorized U.S. pharmaceutical companies to make the equivalent of 6 billion 10-milligram OxyContin pills. By 2016, that figure had increased to almost 14 billion 10-milligram pills. That is right. Today the Drug Enforcement Administration is telling Big Pharma it is OK to make 14 billion OxyContin pills to sell in the United States in 1 year.

The Federal Food and Drug Administration was also complicit, approving new opioid after new opioid. In the process, the FDA, charged with ensuring the safety of all prescription drugs on the U.S. market, began turning a blind eye to outside experts who were warning of the dangers these drugs posed.

In 2013, an expert panel established to review the powerful new opioid painkiller Zohydro, voted 11 to 2 against recommending its approval, but the FDA approved the drug anyway, overruling the concerns voiced by experienced physicians on the panel.

In 2014, in the wake of the Zohydro decision, the FDA twice skipped the advisory committee process altogether when it approved two new prescription opioids.

Then, in August of 2015, the FDA did it again. This time it bypassed an advisory committee of outside experts on the question of a new use for OxyContin for children aged 11 to 16.

The FDA even ignored its own rules that specifically call for advisory committee advice when a committee of pediatric dosing is involved. It was clear that the FDA was intentionally choosing to forgo advisory committees in order to avoid another overwhelming Zohydro-like vote, recommending against approval of a prescription opioid and in order to avoid any impediments to new opioids being sold in the United States.

Finally, the medical profession must bear its fair share of responsibility for this crisis. Doctors are prescribing opioids at an alarming rate. In 2012, America's doctors wrote 259 million prescriptions for opioid pain relievers, enough pills for every single American adult to have a bottle of opioid pills given to them in the year 2012.

And America's doctors are dangerously uninformed about the drugs they are prescribing. A recent survey of 1,000 physicians nationwide found that "only two-thirds correctly reported that the most common route of abuse was swallowing pills whole." It is unconscionable that our doctors are so ill-informed. Nearly half of the doctors surveyed also erroneously reported that so-called abuse-deterrent formulations of opioids were less addictive than their counterparts. Abuse-deterrent opioids are supposed to be harder to crush, so they are harder to snort or to mix with liquid and inject, but abuse-deterrent formulations of opioids are just as addictive as non-abuse-deterrent opioids. Whether an opioid is abuse-deterrent or not hasn't prevented tens of thousands of people who have had their wisdom teeth removed or experienced lower back pain from getting addicted to these painkillers simply by swallowing them.

So what is the result of the combination of Big Pharma's marketing of prescription opioids, the Federal Government's repeatedly approving them in ever-increasing numbers, and our doctors writing millions of prescriptions for them? Today, the United States is less than 5 percent of the world's population but we consume 80 percent of the world's opioid painkillers. We have become the United States of Oxy.

When prescriptions run out or the price of Oxy pills on the street become too high for those who have become addicted, they turn to cheaper heroin, which shares the same molecular structure as OxyContin. Eighty percent of the people suffering from heroin addiction started with opioid pain medications approved by the FDA and prescribed by doctors.

In 2014, nearly 33,000 people died of an opioid overdose in this country. Almost 1,300 of those deaths were in my home State of Massachusetts.

I had hoped to offer amendments to CARA to address both the causes of this epidemic and to provide treatment for those suffering from the results. One of my amendments would have required the FDA to convene advisory committees for all prescription opioid approval questions.

After I placed a hold on the nomination of Dr. Robert Califf to serve as FDA Commissioner, the agency announced it would only commit to convene advisory committees for non-abuse-deterrent opioids. The FDA refused to agree to convene advisory committees to inform all of its opioid-approval decisions.

We need legislation requiring the FDA to seek expert advice about the risk of addiction before it approves any and all opioids, and I will continue to fight to require advisory committees at the FDA.

We also need legislation requiring doctors to get and stay educated about the dangers of the pills they are prescribing in record numbers. Stopping the overprescription of opioid painkillers is a critical step.

We need to ensure that all prescribers of these opioid painkillers are educated in the dangers of these drugs, how easily individuals can become addicted, and when and how to appropriately prescribe. The doctors say that they do not want education to be mandated, that it should be voluntary. Well, the FDA has had voluntary education for opioid prescribers in place since 2013 and has been actively encouraging doctors to take these voluntary education programs, but in more than 2 years, only 12 percent of prescribers have actually completed FDA's voluntary education program.

It is imperative that any provider who is applying for a Federal DEA license to prescribe opioids have completed mandatory education on the basics of opioid prescribing and the inherent risk of addiction. My amendment would have done just that. It would have required basic education as a condition of a DEA license to prescribe these painkillers, and I will continue to fight to require prescriber education.

Finally, we need to remove the barriers to effective treatment, including outdated Federal restrictions on medication-assisted therapies such as Suboxone. Medication-assisted therapy for opioid addiction is cost effective, decreases overdose deaths, and reduces transmission of HIV and hepatitis C. Unlike other treatment regimens for any other disease, physicians are severely limited in the number of patients they can treat with medication-assisted therapies such as Suboxone, contributing to long wait-lists and an inability of patients to get treatment for their addiction when they need it. Of approximately 2.5 million Americans who abused or were dependent on opioids, fewer than 1 million received treatment for their condition, partly because of the already existing Federal instructions.

Senator RAND PAUL of Kentucky and I have a bipartisan bill, the Recovery Enhancement for Addiction Treatment Act, or TREAT Act, which has broad stakeholder support, including the American Medical Association and nurse practitioners. It emphasizes quality of care and closes this gaping

hole in our addiction treatment system. We had hoped to offer TREAT as an amendment to CARA. We will continue to fight for it and are hopeful the HELP Committee will include it in the substance abuse legislation the committee will soon consider.

My collaboration with Senator PAUL shows that whether it is the Commonwealth of Massachusetts or the Commonwealth of Kentucky, this crisis is the same. It doesn't discriminate by geography, by age, by race, by socioeconomic status, or by employment. It requires a bipartisan effort.

Thirty years ago, Nancy Reagan told us to just say no to drugs. Today we have to go further. We have to say enough is enough. We have to recognize what has worked and what hasn't worked. In the past, we believed we could incarcerate our way out of the problem. That did not work. So instead of ignoring and incarcerating, let's avow and act. Let's destigmatize, not criminalize. Let's treat, not retreat. Let's have a comprehensive plan which we put in place that deals with the pharmaceutical companies, the physicians, and the kinds of treatment patients need across our country so that they get the help they need. That is our job.

I continue to believe we can do this in a bipartisan fashion as long as we understand the magnitude of the problem and what the causes of it were and continue to be and will be into the future unless and until we put these safeguards in place. So I am looking forward to continuing to work with my colleagues on the other side of the aisle. I compliment them for the work they have done so far in bringing this bill to the floor of the Senate this week, but I do believe there is more to be done.

As long as this many Americans are addicted, as long as this much OxyContin and opioids are put into our system, then we are going to find that this heroin epidemic we have in our country, which is directly related, will continue to spiral out of control.

I want to work with all my colleagues. I thank my colleagues for all the work they have done so far, but there is much work to be done in the future.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Alabama.

Mr. SESSIONS. Madam President, I would like to talk for a few minutes about the crime problem we have in America today, the dramatically increasing problem of heroin abuse. Over the last week, we have had a lot of discussion about this crisis, which I am afraid we are just on the cusp of. I think it is going to get worse, based on my experience and my best judgment, but the effort to understand and address it has been going on for a while.

In January, we had a good hearing on this issue in the Senate Judiciary Committee, and I want to mention a few things I think we ought to keep in

mind as we address this very important problem.

Just as background, I served 15 years as a prosecutor, 12 as a U.S. attorney, a Federal prosecutor, and 2½ as an assistant U.S. attorney. So that was my background when I came here. I was very active and studied the drug and crime problem in America, and I learned some things.

There are cycles in this, and people wrote about it over the years. I think we are, unfortunately, moving into another cycle, and we have to be very careful. It is so painful to have a large prison population. We don't want to have that. Year after year, everybody wants to look for alternatives to prison, and we have tried, but if you go too far, you end up not having sufficient consequences for crime, not detaining dangerous offenders, and you end up increasing crime, increasing deaths of Americans from murders and other things, increasing heroin and serious drug problems that destroy families, destroy lives, destroy communities, and result in violence and death. It is a very real problem.

A lot of people think, well, if you want to use heroin, so be it. Well, these people can't function. How are they going to survive? They either steal or they get on welfare or they have to go to treatment. And who pays for it, since they do not have any money?

We have proven and seen for decades that drug use can be brought down, fewer people can become addicted. In the early 1980s, Nancy Reagan, as President Reagan's wonderful wife, formed the "Just Say No" program, and hundreds of thousands of volunteers nationwide in every community in America got together in their communities—they got the treatment community, the law enforcement community, the prevention community, the education community, and the schools—and they worked and worked and crafted policies that would create a climate of hostility for the use of dangerous drugs. The idea was to bring down the use. As a result, the use of illegal drugs dropped by half. It took us 15 or more years, but it dropped by half steadily. What a tremendous victory.

In 1980, half of our high school seniors admitted they had used an illegal drug sometime in that year. What an unbelievable number. It had been going up steadily, it peaked, and then it began to go down under this sustained effort.

What I have been worried about for some time, and have warned about it, is that if you don't maintain that but start going in the other direction, you can expect drug use to increase. It is that simple. And it is happening. Lives—and young people's lives—will be destroyed by this, families will break up, and children will be scarred.

Drug use is no fun, innocent thing. It is destructive. If this Nation is using half as much illegal drugs as before, it is a better nation. It just is. And if we double the amount of drug use in

America, it will be a more dangerous Nation and not as good a nation.

According to the Centers for Disease Control and Prevention, over 47,000 people died from drug overdoses in the United States in 2014. In 2014, 47,000 died. That is one drug overdose death for every 12 minutes. And 61 percent of those overdoses involved opioids. The rate of all opioid overdoses in the United States has tripled since 2000. Overdoses have tripled since 2000.

Heroin overdose deaths specifically have increased sixfold since 2001—600 percent—and have more than tripled in just the past 4 years alone. According to the National Survey on Drug Use and Health, there were approximately 169,000 new heroin users in 2013.

According to the Substance Abuse and Mental Health Services Administration, in 2004, approximately 589,000 people in the United States had an opioid use disorder. We used to call that addiction—a problem. It is affecting their lives.

The Drug Enforcement Administration's 2015 National Drug Threat Assessment noted that "drug overdose deaths have become the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms."

This is a significant matter. As DEA Acting Administrator Chuck Rosenberg, a bright, young mind appointed by President Obama, noted last July that "[a]pproximately 120 people die each day in the United States of a drug overdose."

Some argue that the increase in heroin abuse is due to over-prescription of opioids from prescription drugs—you get addicted from a prescription drug, and then you move to heroin. I am sure that has some validity, but according to a January 14, 2016, study published in the New England Journal of Medicine, one of the premier authoritative medical journals in the world:

In the majority of studies, the increase in the rates of heroin use preceded the change in prescription-opioid policies, and there is no consistent evidence of an association between the implementation of policies related to prescription opioids and increases in the rates of heroin use or deaths, although the data are relatively sparse. Alternatively, heroin market forces—

Please hear this, colleagues—

Alternatively, heroin market forces, including increased accessibility, reduced price, and high purity of heroin appear to be major drivers of the recent increases in rates of heroin use.

So it is purity, price, and accessibility. While treatment and accountability are critical to breaking the cycle of addiction, it is not the whole solution. We must also reduce the availability of heroin—we simply have to do that—and other illicit opioids.

In December of last year, the Centers for Disease Control and Prevention Director Tom Frieden said it is important "that law enforcement"—a lot of people don't want to talk about this. We have police officers, sheriffs' deputies, Federal agents, drug enforcement

agents, and Border Patrol agents. He said it is important “that law enforcement intensify efforts to reduce the availability of heroin, illegal fentanyl, and other illegal opioids.” Similarly, Drug Enforcement Administration Acting Administrator Rosenberg said in the DEA’s National Drug Threat Assessment that, in addition to providing treatment to addicted opioid abusers, “law enforcement must continue to have the tools it needs to attack criminal groups who facilitate drug addiction.”

I have been there. I was part of law enforcement’s efforts. I invested a tremendous amount of my time in the Coalition for a Drug Free Mobile, the Partnership for Youth, Bay Area Drug Council—groups like that—working on a volunteer basis to change the use of drugs in the community. Law enforcement was always a critical part of it, and law enforcement does have the capability in ways that others don’t to reduce the availability, make purity levels less, and otherwise restrict, raising the price of an illegal drug. The DEA’s 2015 National Drug Threat Assessment confirms this. They studied the price of the drugs. One thing that tells us whether or not law enforcement and interdiction are effective is to discover if the price is going up or down.

Mexican drug cartels are flooding the United States with cheap heroin and methamphetamine. When I was a young prosecutor, it was coming from Turkey, the Middle East, and that was pretty much shut off. President Carter did some good things. I was an Assistant U.S. Attorney and came back a few years later as a U.S. Attorney, but during that time they somehow reduced the supply of heroin from the Middle East. As a result, heroin addiction dropped all over the country, and very little heroin was in the heartland of America—mainly just in the big cities.

We are also getting cheap methamphetamine from across the Mexican border, which is wide open. The statistics from the DEA Drug Threat Assessment confirm that, from 2010 to 2014, the amount of heroin seized every year at the southwest border has more than doubled. Well, are we catching that much more? No, we are not catching, I am sure, any substantially larger percentage. We are just having a larger amount moving across the border. The price has fallen, so we know we have more. If prices stay low, more people will try it more often, and as the purity level is higher, more people will get addicted sooner and often die quicker.

These drug cartels are partnering with criminal gangs and fueling violence in our cities and communities. According to DEA’s 2015 Threat Assessment, Mexican drug cartels “control drug trafficking across the Southwest Border and are moving to expand their presence in the United States, particularly in heroin markets.” They import, transport, and are now actually selling

it in our cities instead of just bringing it in across the border.

In 2013, the heads of the Chicago Crime Commission and the Chicago Office of the Drug Enforcement Administration both named El Chapo Guzman, the infamous leader of the Sinaloa Cartel, as Chicago’s “Public Enemy #1.” So a man in Mexico, moving heroin and methamphetamine into the United States and hammering Chicago with it—Chicago named him as their No. 1 public enemy. It cannot be a coincidence, as the FBI’s uniform crime statistics show, that the murder rate in Chicago increased by approximately 18 percent during the first 6 months of 2015. At that rate, it is a 36 percent increase in murders in Chicago in 1 year. This is an unbelievably dramatic surge in murders.

Another example is Atlanta. DEA’s Atlanta office reported an increase of heroin availability from a rating of “stable” in the first half of 2013 to “high” just a year later. According to the FBI’s uniform crime statistics, the murder rate in Atlanta increased by approximately 15 percent in the first 6 months of 2015. This is an unsustainable thing. The old rule is a 7-percent increase and your money doubles in 10 years. When you get 15- and 18-percent increases in 6 months—that’s 30 percent in 1 year—you are doubling the crime rate, the murder rate, in 3 years.

At a November hearing of the Senate Caucus on International Narcotics Control, I asked DEA Deputy Administrator Jack Riley about these drug distribution networks and the people in local communities pushing the drugs, selling the drugs, and collecting the money. This money eventually ends up back in Mexico, Colombia, and South and Central America, funding the evil, violent drug cartels that are destabilizing whole nations. He responded that it is “almost as big a problem as the cartels themselves.”

When I asked him whether these drug traffickers are the ones causing the violence and death on our streets, he responded that “they are the ones that regulate themselves by the barrel of a gun.” If you want to collect a drug debt, you can’t file a lawsuit in Federal court. You collect it by the barrel of a gun.

By its very nature, drug distribution networks are violent criminals. It has always been so, and it will always be so. Conducting an illegal enterprise, they have to maintain discipline, and they use threats and violence to maintain it and collect their debts. We must not forget what became obvious in the early 1980s, when I was a U.S. Attorney: Drug dealers and their organizations are not nonviolent criminals. These are violent crimes.

Rather than enforcing the law and making it tougher on drug cartels by keeping our border secure, the Obama administration has done exactly the opposite. Our unsecured borders make it easy for the cartels to flood our

country with cheap heroin, and the administration has made it clear that officers are not to deviate from the President’s lawless immigration policy. They are blocked from doing their job and following their oath.

Just last week—and as someone who has worked closely with Federal Drug Enforcement officers and immigration officers as a Federal prosecutor—Customs and Border Protection Commissioner Gil Kerlikowske testified before the House Committee on Appropriations that “if you don’t want to follow the directions of your superiors, including the president of the United States and the commissioner of Customs and Border Protection, then you really do need to look for another job.”

Do you hear what he is saying there, colleagues? What he is saying is that if you want to do your job and enforce the laws as the laws are written, which we have ordered you not to do, and you go on and do it anyway, then look for another job. It is one of the most amazing things I have seen in my entire law enforcement career. ICE officers—Immigration and Customs Enforcement officers—who enforce drug laws, along with immigration laws, these officers sued their supervisors. They sued their supervisors, alleging that they were being ordered to violate their oath to enforce the immigration laws of the United States by these restrictive policies.

It is hard to overestimate the destruction the Obama administration’s policies—their Executive amnesty, their refusal to sufficiently fund and man the border—are causing to law enforcement. A big part of this now is the openness to heroin, methamphetamine, marijuana, and other drugs that are being imported. I take that statement by the Commissioner of Customs and Border Protection as a direct threat to those officers who want to follow their oath and do their duty.

In August 2013, a dramatic event occurred that was too little appreciated. Attorney General Holder, the Attorney General of the United States, ordered Federal prosecutors not to charge certain drug offenders with offenses that carry mandatory minimum sentences that are in law. If you have so much drugs, you have a minimum penalty. You can get more than that, but you at least have to serve this minimum penalty. He ordered them not to charge those crimes. This is directing prosecutors not to follow the law. It has contributed to a decrease in the number of traffickers being prosecuted and convicted. According to data from the Executive Office for United States Attorneys, at the end of 2015—in December—the 6-month average of drug prosecutions was down 21 percent compared to 5 years ago. And what are we seeing? A surge in crime, particularly drugs. Excluding prosecutions in magistrate courts, the 6-month average was nearly 32 percent lower at the end of 2015 than 5 years ago. We haven’t cut the number of drug prosecutors. We haven’t cut the

number of DEA agents. This is policy that softens the enforcement of drug crimes against what we have been doing for 25 years, and it is having an impact. I am afraid it is going to continue.

Meanwhile, State and local law enforcement agencies are not given the tools they need to continue taking these dangerous drug traffickers off of the streets.

On December 21, 2015, the Department of Justice chose to stop all equitable sharing payments to State, local, and tribal partners under the Asset Forfeiture Program. These are seized proceeds, moneys that are seized from drug dealers, big fancy cars and boats that they seize. For the last 20 years, Federal and State officers worked together. The Federal Government has a good system for forfeiting the money. Then, when the forfeiture is over, it is divided among the agencies. As a result, State and local people are willing to commit law officers to participate in these local task forces because they are helping clean up drugs in their community, helping identify and prosecute nationally significant drug dealers, and they get some compensation back from it when they find a truck full of money.

I personally have seen cases where \$1 million, \$500,000, \$800,000 in cash was seized from these people. Some people think, oh, this is wrong; you shouldn't take their cash. This is the ill-gotten gain of an illegal enterprise and they should be able to keep it? They have no proof of any lawful source of this money. Virtually every time, in addition, there is evidence to prove it is connected to drugs. Half the time, they don't even show up to contest the seizure because they know they have no defense to it. This stops this sharing, and it is undermining the unity of effort that we really need to be successful.

A joint letter signed by the International Association of Chiefs of Police, the National Association of Police Organizations, the Major County Sheriffs' Association, the National Sheriffs' Association, the National District Attorneys Association, and the Major Cities Chiefs Association, pointed out that "the suspension of equitable sharing payments may cause some agencies across the country to reconsider their ability to participate in joint task forces with the Federal Government."

In other words, they are going to stop participating.

"The effects of this decision are far reaching and not only a disservice to law enforcement, but also to the public they are sworn to protect."

Mr. President, if there is a limit on my time or others are waiting to speak, I will wrap up. Otherwise, I have about 5 minutes to wrap up. I see my colleague Senator LEAHY, the ranking member of the Judiciary Committee. I don't want to block him. If my time is up, I will yield the floor.

The PRESIDING OFFICER (Mr. COATS). There is no time limit in place.

Mr. SESSIONS. While law enforcement resources are being cut off, law enforcement officers are being blocked from doing their jobs, and drug prosecutions are being reduced, the administration and some in Congress want to push and advance a criminal justice "reform" bill. But these proposals will have a tendency, I am afraid, to worsen the current problem by allowing for more reductions in sentences than are already occurring and early release of thousands of dangerous drug traffickers, and the weakening of penalties for those prosecuted under our drug trafficking laws, which have already been weakened—sending the wrong message at exactly the wrong time.

I am very concerned about this. I love my colleagues, and I know their hearts are in the right place, but I am convinced we should not be heading in this direction at this time.

Make no mistake, Federal prisons are not filled with low-level, nonviolent drug possessors. According to the Bureau of Justice Statistics, 99.7 percent of drug offenders in Federal prison at the end of fiscal year 2012 were convicted of drug trafficking offenses, not drug possession. Drug trafficking is inherently violent activity, and it only serves to fund the drug cartels while fueling violence in our cities.

According to the FBI, violent crime overall increased across the United States during the first half of 2015, by 6.2 percent for murders and 17 percent in the larger cities for murder—the largest single-year increase since at least 1960. Already this year, homicides in Chicago are double what they were all of last year.

This is a complex subject. It is too soon to know the total reason for this increase, but it cannot go unnoticed that over the last decade the Sentencing Commission, which sets standards for sentencing in the United States—outside of the minimum mandatorys that are set by our law passed by Congress—has unilaterally imposed reductions in the sentences for drug inmates currently in prison. So we reduced the sentences for those in prison and they are getting out earlier. The most recent reduction in sentences resulted in the release of more than 46,000 drug traffickers—not drug possessors, drug traffickers—which has been wholeheartedly supported by the Obama administration.

According to Bureau of Justice Statistics, 77 percent of drug offenders released were rearrested within 5 years. Hear this now: 77 percent of these drug offenders were rearrested within 5 years, with 25 percent of those rearrested being rearrested for a violent crime—somebody hurt, maybe dead. Maybe that is part of the murder rate increase.

Take Wendell Callahan, a Federal drug felon who was convicted of trafficking in crack cocaine and released early pursuant to the Sentencing Commission's directives. Upon his early release, he proceeded to brutally murder

his ex-girlfriend and her two little girls, 7 and 10. He would have been deep into a 12½-year Federal sentence if it had been maintained, but the Sentencing Commission reduced it. The judge granted his petition for early release because of his "good behavior" in prison, and that led the judge to conclude he did not pose a danger to the safety of the public, even though in his background—when he was convicted and got the 12 years, he had previously been convicted in connection with a shooting offense and another drug offense. This is why you have to have some controls on judges. I have been there, and I saw it before the sentencing guidelines were passed.

The Federal prison population is at its lowest level since 2008. We are already on a downward course of the drug Federal prison population being reduced. There are only 160,000 inmates in Bureau of Prisons custody today, well below its peak. The Bureau of Prisons has stated that this "downward population trend is expected to continue into Fiscal Year 2017," bringing the Federal prisons population to the lowest level since 2005.

The population is up. Crime is going up. The prison population is falling rather rapidly. Admissions to Federal prison have declined every year since 2011.

You hear: We are filling our prisons. We are doing more and more.

Actually, there are other things that are already happening. It is happening in State prisons, too, where larger numbers are incarcerated than in the Federal prisons. One of the reasons we are having this large decline in State prisons is not public safety but tight budgets. They are cutting back on the prison population to save money.

We can be smarter. Some people can be released early. I worked with my Democratic colleague, Senator DURBIN, 6 years ago, I believe, and we reduced the crack penalties more significantly than a lot of people know. I thought that was justified. But we are now proceeding well beyond that, and it is causing me great concern.

The Attorney General has ordered the prosecutors to not charge certain criminal offenses. Reducing sentences and releasing felons is equivalent to reducing the cost to the criminal enterprise of their criminal activity. It reduces the cost, the risk. Thus, crime—it is already rising—would further increase as a result of the criminal justice "reform" bill that would further reduce penalties.

Can we take a breath, and let's think about this? I don't say there aren't some things we can do that will allow for some reduction in the Federal prison population. Some people probably serve more time than is absolutely necessary. But in truth, we have seen dramatic improvements over nearly 30 years, 25 years, in the reduction of crime. Until this surge, murder rates were less than half what they were in 1980 when I became a Federal prosecutor. Drug use dropped dramatically

when Nancy Reagan started the “Just Say No” program, and drug use began to steadily decrease. It is now beginning to steadily increase.

You have to have leadership from Washington. You can’t have the President of the United States of America talking about marijuana like it is no different than taking a drink, saying I used marijuana when I was in high school and it is no different than smoking.

It is different. And you are sending a message to young people that there is no danger in this process. It is false that marijuana use doesn’t lead people to more drug use. It is already causing a disturbance in the States that have made it legal. I think we need to be careful about this.

What if this is the beginning of another surge in drug use like we saw in the sixties and seventies that led to massive problems in our communities? The solution? Well, we have to control the border. All the heroin and a big chunk of the methamphetamine is coming across the Mexican border. We need barriers. We need more agents. People need to be arrested. They need to be deported. They don’t get to be taken to some city in the United States they would like to go to and get released and asked to show up on bail, which they never do. That is an open invitation to illegality and illegal entry.

We need to enforce our laws, and we have to make the consequences of drug trafficking a deterrent. We can do this. We have done it before, and it is all part and parcel with prevention programs, education programs, and treatment programs. All that has to be done, but it cannot be denied, in my opinion, that law enforcement plays a critical role in it. This means supporting, not blocking the efforts of law enforcement to do their jobs and giving them the tools to arrest drug traffickers and be effective at the border, putting them in jail, not giving them early release so they can commit more crimes.

In January, a woman from Ohio named Tonda DaRe testified before the Senate Judiciary Committee at a hearing on the heroin and prescription opioid epidemic. She shared the powerful story of her daughter, who died from a heroin overdose. She said this:

One of the things that I see happening in our little town that frustrates me is . . . our officers have worked so diligently to arrest people that they know are bringing this [heroin] in. Just [to] have them go in front of our judges and our judges just slapped these people on the wrist and sent them right back out the door. . . . The boy that sold my daughter the heroin that killed her just recently went back in front of a judge for his fourth offense for trafficking heroin. [It was the] fourth time he’s been arrested for this and he was given five months. How [is] that possible?

We can talk about making sure we have treatment and recovery for people who have been addicted, although many people never ever recover from

addiction—except by the grave. That is the sad truth. We should make that a priority. But we cannot hope to solve these problems by only treating people on the back end of addiction without reducing the availability of those drugs and keeping the purity down and the cost up, not continuing to fall. We have to stop people from becoming addicts in the first place, and we can’t let the fact that we have a heroin abuse epidemic cause us to forget that we have a drug trafficking epidemic too.

Law enforcement is prevention. Experts tell us that the price, purity, and availability of drugs, especially heroin, fuels more consumption, more addiction, more crime, more death, and more human and family destruction. I wish it were not true. I wish there were more options, but law enforcement is a central part of this effort, and history proves it.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

51ST ANNIVERSARY OF BLOODY SUNDAY

Mr. LEAHY. Mr. President, today is the 51st anniversary of Bloody Sunday—a horrible abuse of American citizens that occurred in Selma, AL. Each year we commemorate the events of that fateful day, because it helped transform our Nation and proved to be a catalyst for the passage of the Voting Rights Act. For the last two years, this commemoration has been a sad reminder of what five justices did to that cornerstone civil rights law. In *Shelby County v. Holder* a narrow majority of the Court drove a stake through the heart of the Voting Rights Act when it struck down the coverage formula for its preclearance provision in Section 5.

I mentioned that because under section 5 of the Voting Rights Act, the Federal Government has the authority to examine and prevent racially discriminatory voting changes from going into effect before those changes disenfranchise voters in covered jurisdictions. By striking down the coverage formula that determined which States and jurisdictions were subject to Federal review, the Court rendered Section 5 unenforceable.

Unfortunately, even though almost every single Republican and Democrat in the House and Senate voted for the Voting Rights Act, the Supreme Court, by a 1-vote margin—notwithstanding that 535 of us had voted—drove a stake through the heart of the Voting Rights Act by striking down the coverage formula for its preclearance provisions in Section 5.

Since then Republican Governors and State legislatures have exploited *Shelby County* by enacting sweeping voter suppression laws that disproportionately prevent or discourage black Americans from voting. This includes the State of Alabama, which not only enacted a burdensome photo identification law after the decision, but then they made it even harder for many of its black citizens to obtain identification when the State closed more than

30 DMV offices in mostly poor, minority neighborhoods last October.

It is hard to fathom that in 2016, well over 100 years after the Civil War and passage of the 13th, 14th, and 15th Amendments to the Constitution, and after transformative moments, such as Bloody Sunday, that States would continue to pass laws and take actions that would undermine black Americans’ rights to vote.

This past weekend, Congresswoman TERRI SEWELL, who represents the 7th District of Alabama—which includes Shelby County, Birmingham, and Selma—held a public forum in Birmingham to examine the harm caused by the Supreme Court’s *Shelby County* decision. Several witnesses at that forum testified that the State had made it harder for their citizens to vote, and that a disproportionate number of those citizens were minorities. They also spoke about the urgent need to restore the protections of the Voting Rights Act. Congressman JOHN LEWIS, our great civil rights hero, was in attendance, and it is heartbreaking to realize that so many of the gains that he was able to help secure through his civil rights activism are being undone today.

Despite the compelling testimony about the urgent need for Congress to address voting rights, most Republicans in Congress continue to disregard the urgency of this issue. More than two and a half years since the *Shelby County* decision, and despite the introduction of two separate bipartisan bills that would restore the protections of the Voting Rights Act, the Republican chairs of the Judiciary Committee from both houses of Congress refuse to even hold a hearing on this issue. Instead, Republican leaders have only paid lip service to the issue, supporting the award of congressional medals for brave civil rights leaders. That is not enough.

Recently, the Speaker of the House stated that he was supportive of one of the bipartisan voting rights restoration bills. In the same statement he explained that nothing could be done because the Republican chair of the House Judiciary Committee refuses to take up the bill or to have a hearing. This is not leadership. The American people expect more than talk.

This pattern of Republican obstruction reached unprecedented heights recently when a few Senate Republicans declared that they would not even hold a hearing for the next Supreme Court nominee even before the President has even announced a nominee.

Republicans have apparently decided that rather than be transparent and hold public hearings and votes on the most significant issues of the day—including voting rights, comprehensive immigration reform, and the next Supreme Court nominee—they would simply shut down the process. Instead they are making important and timely decisions affecting hundreds of millions of Americans behind closed doors. It is

not good for our democracy and it is not good for the American people.

We need hearings and a vote on the voting rights bills. And we need a hearing and a vote on the next Supreme Court nominee. We remember what came to be known as Bloody Sunday because the blood that was shed led to greater democratic participation and a more inclusive union. What Republicans are doing now undermines the hard-fought legacy of Bloody Sunday and the Civil Rights Movement. For the good of the Nation, I urge that Republican leaders in the Senate and the House change that shameful course.

Mr. President, the Senate will soon vote to bring us one step closer to passage of the Comprehensive Addiction and Recovery Act or CARA. Last week I suggested that we stay in session and do our job on Thursday, Friday, and Saturday so we could finish the bill, but I understand the Republican leadership wanted to take a long weekend, so we did not finish it, but now we can.

I am a cosponsor of this bill because it addresses the growing problem of prescription opioid and heroin addiction that has had devastating impacts on communities all over the country, including my home State of Vermont.

This bill represents an important shift in the way we approach the issue of substance abuse and addiction. It sets a comprehensive framework to reduce opioid deaths, prevent addiction, and improve treatment. It will also help those who suffer from opioid use disorders achieve recovery, and perhaps most importantly this bill reflects the consensus of this body that the Nation cannot arrest or jail its way out of this addiction problem.

Since my first field hearing in Rutland, VT, on this topic in 2008, I have been inspired by how my fellow Vermonters across the political spectrum have shaped the discussion about this public health crisis and how they have served as a model for communities across the Nation.

I certainly feel this bill represents important progress, but we cannot be satisfied with just passing this one bill. We also need a significant commitment of targeted funding so we can carry out and implement the programs authorized by this bill.

It is one thing to say we are going to authorize these great programs even though we are not going to pay for them, but don't you feel good that we authorized them. Now we can all go home and tell our constituents we care. We authorized it, but we will not pay for it.

At least Senator SHAHEEN stood and proposed an amendment that would have provided emergency funding to do just that. Her vital amendment had the support of a majority in this body, but Republican Senators blocked it from being considered and adopted. It is unfortunate because Senator SHAHEEN's amendment would have provided the resources to strengthen both the law enforcement and public health compo-

nents that would have delivered the necessary resources to health care professionals all over the country who are overwhelmed by a need they cannot meet.

I believe there is bipartisan agreement that we have to stop the loss of life caused by opioid abuse. There should be a bipartisan agreement to provide the money necessary to do so.

There is an opportunity to make the bill better. Many Members have filed amendments to improve CARA. A number of amendments were filed by both Republicans and Democrats. Unfortunately, the Republican leader has not allowed us to have an open amendment process, and contrary to what he said earlier, a number of Senators have been blocked from offering their amendments. I tried to work—and did in a bipartisan way with Senators GRASSLEY, WHITEHOUSE, and KLOBUCHAR—to consider this bill and report it to the Senate floor. We have continued our bipartisan effort to reach agreement on a number of amendments that could improve the bill. I hope those important bipartisan efforts will continue this week so we can consider these amendments and have final passage this week.

Let us have an open process. These amendments can be voted on up or down or adopted by consent. It is one thing for us to talk about what we want to do, it is another thing to have the courage to vote for it. If we do not vote for it, we are just voting maybe. Let us vote yes or no.

As we work toward Senate passage of CARA, our goal should be to make this the best bill possible. Addiction is nothing less than an epidemic and CARA treats it like one. This bill demonstrates that Congress now sees addiction for what it is—a public health crisis all over our country. We need to equip our communities with both the programs and resources they need to get ahead of addiction.

CARA will save lives. It is worth putting the money in there to make sure it works.

Mr. President, I see the distinguished senior Senator from West Virginia on the floor, and I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I ask unanimous consent to speak for up to 10 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MANCHIN. Mr. President, I wish to thank the senior Senator from Vermont, who is a dear friend of mine. As he knows, this is a problem. It is an epidemic all over this country. No State is immune from it. It doesn't matter whether you are a Democrat or Republican. It has no home. It attacks and literally eradicates all of us, and it causes extreme hardships for all the families.

I know the Presiding Officer, who is from Indiana, is aware of this problem.

Every week I have come to the floor to read letters from people who have been affected by addiction in West Virginia and other States. I have a letter from the Presiding Officer's home State of Indiana, and I have a letter from my State too.

This is something we have been fighting. The CARA Act is a bipartisan piece of legislation. It is not going to be a cure-all, but it starts in the right direction for us to start looking at opioid addiction and prescription drug abuse, not as much as we have in the past as a crime but as an illness, and an illness needs to have treatment. I think we are moving in that direction. Politically we are accepting this, and we are going to basically meet that need of treatment which is so few and far between.

We have 51 people dying every day. In my little, beautiful State of West Virginia, just last year we lost over 600 lives to prescription drug abuse, and I have a State with less than 2 million people. From 1999 to 2013 there has been an increase of over 700 percent.

This is a product which has come on the market that is greater than anything we have ever seen. We hope the FDA gets serious about this. They are hearing us loud and clear. Dr. Califf was not someone whom I supported. I am very hopeful he will do a great job, and I will support him. He needs to step up to the plate and change the culture of the FDA. The reason I say that is because the FDA has to take their role seriously and not just approve drugs because it meets a certain criteria but also needs to realize the impact it has on the well-being of the families who have been addicted and affected. They need to consider the devastating public health impacts of its repeated decisions to approve all of these drugs that don't need to be on the market. We are very hopeful for that.

The thing that brings that to mind is that it took us forever to get Vicodin and Lortab from a schedule III to a schedule II. It took us over 3 years. Once we did, it took about 1 billion pills off the market, which resulted in a 22-percent decrease in Vicodin and Lortab, which were being passed out like M&Ms. We know it can save lives. Yet they came right back with Zohydro, which was against the wishes of their advisory committee.

We believe it is imperative that they have an advisory committee for every opioid they want to bring to the market. They must listen to the advisory committee. If the FDA—the Commissioner and his staff—wishes to go ahead and put a product on the market that is recommended not to be on the market from their advisory committee, they should come before us in Congress and tell us why they believe this potent drug such as Zohydro is needed when it is against the recommendations of these experts and specialists.

We have been flooded with these stories. I will read a story from the Presiding Officer's State of Indiana first.

The girl's name is Danielle. She says: I live in Southern Indiana and work as a server. About 2½ years ago a customer by the name of Josh Harvey left me his number. At the time, he told me he was living in Chicago for school. Little did I know he was in rehab there. Granted, I didn't know about his addiction for over a year because we hadn't stayed in constant contact. About a year or so ago I found out about his heroin addiction. He still told me little about it. I do know it started out with prescription pills and later went into heroin when the pills became harder to get. He served a month in jail in Michigan, for the entire month of this past July, over a heroin-related charge. He came home immediately after and overdosed that same weekend. Luckily, his dad saved him that time. Now he got enrolled in college and was going to an outpatient program doing better—or so we all thought. School let out for break and I guess it all went downhill. He came to me on November 4 telling me he had used a couple of times and wanted my advice. I suggested an inpatient program. He went to Wellstone after he left my house, sat for several hours and finally was given a room. I went and checked on him two different times while he waited to make sure he was there. Thursday I didn't receive any calls. Friday nothing either. Then, Saturday morning, the 7th of November, his mother called me to break my heart. He had passed away that Friday the 6th over in Louisville and they didn't know who to contact until that Saturday morning, I guess. He had checked himself out of Wellstone, broke into his house, and took his Xbox, which he later either pawned or traded for heroin. Never in a million years did I think I would become close to anybody addicted to heroin. It doesn't discriminate. It can get a hold of anyone and everybody. Never in my life have I been so depressed or heartbroken. All I want is his story shared. He was my happy ending gone way too soon.

That was from our friend in Indiana who wanted to share her story with us.

Let me tell you about Amanda, who lives in West Virginia.

Amanda said: I walked into our new apartment. Although we had only spent 2 nights there, it already felt like home. I was so excited to move in with Nate. We had been on the fence between being best friends and a couple, and making the decision to move in together had finally settled years of uncertainty. As I turned the corner, I was surprised to see that he was in the exact same position as when I had left for my morning classes. I knew it had been a rough night of "partying," but I thought he would be up to start our busy day of painting and moving. I touched his chest to feel the rise and fall, something that, as a mother, I had been doing to sleeping children for years. There was movement. He was breathing. I breathed a quick sigh of

relief. I walked to the back of the apartment to set down my things, and that is when I realized I needed to go and get some things from my old apartment, and I started to leave. My hand was on the doorknob, but something stopped me in my tracks. To this day, I don't know why I turned around. I laid down beside Nate, and I put my arm on his chest. He was not breathing, and when I looked up at his face, his eyes were wide open, but it was obvious that he was not there. The paramedics revived him to the point that he survived in a coma for 1 week. At one point while in the hospital, his eyes opened, and I thought that our nightmare was over, but it was just a muscle reflex and false hope. On January 30, 2007, prescription drugs took the life of Nathan Keith Dunn, age 24.

Tall, dark, and handsome is what the world saw. Intelligent, funny, witty, loving, and kind were the qualities seen by those who knew Nate best. He was my best friend, my musical soulmate, and my sounding board. We were inseparable, and I began to experience an ache in my heart that, 9 years later, still occasionally brings me to my knees. But that is just who Nate was to me. He was also the older son of a mother who had left years of abuse at the hands of her husband in order to find a better life for her sons. He was the brother to—and the only soft spot of—a boy who had been hardened growing up on the streets of a town outside of Houston, TX. It seemed as if the only thing that ever kept him grounded was Nate's love. They had one another's back in the best and worst of times. Nate was also the instant crush of any girl who ever laid her eyes upon him. He was the best friend of anyone who knew him. I often wonder who and where he would be today. But I guess I will just have to wonder forever.

I wish this was the end of my story about how prescription drugs have affected my life, but it is not even close to the end. For longer than I care to admit, drugs have been part of my everyday life. Shortly after Nate's death, I became addicted to prescription opiates. At first, they were prescribed by my doctor. Eventually, I couldn't get through a day without them. I was what is sometimes referred to as a "functioning addict," although it is fair to say that such a thing does not exist. To the outside world, I appeared to be fine, normal even. I held a job. I cared for my young sons. I kept a tidy home. Meanwhile, my tolerance was building, and I began to require more and more of the drugs just to feel normal, just to get through each day. Can you imagine living this life in which you wake up each day wondering if you have enough of the drug you need just to be OK for that day?

So many people are facing this every single day. It could be the person sitting next to you. It could be your child's teacher. Even worse, it could be your own child.

The first thing to suffer was my financial situation. Every dime I had

was spent on the drugs that would allow me to function today, tomorrow, and if I am lucky, the next. Then, my relationships with friends and family began to fail. It was painfully obvious that I was stealing from them. Next, I couldn't keep a job—a record that will haunt me for the rest of my life. How could I go to work? How could I continue on?

Then, a catalyst walked into my life. I met a very good man. As we became closer, I realized that I couldn't bring myself to tell him that I was a drug addict.

This is a silent killer. Nobody speaks; they all keep it very quiet.

Mr. President, if I may have about 1 minute to finish up, I would appreciate it.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MANCHIN. Thank you, Mr. President.

Very few people know what is actually happening in your life. In order to get help, you have to be willing to openly talk about your issues, and most of us fear being harshly judged—and rightfully so.

Trying to treat a person with addiction issues by using medication only or therapy only is like trying to extinguish a raging house fire with a garden hose.

She said: I was fortunate enough to have found a medication-based treatment program in my area, which is paid for by my insurance.

She is going to move forward, and she wanted this story to be told. She said she wanted people to know how difficult it is.

What we need to know as policymakers is how hard it is for people in our States who realize they need help and can't find it.

So what I ask all of us to do—this CARA bill is a step in the right direction. It is a piece of legislation that is much needed. As we move forward today on this piece of legislation, I hope we will find basically the support that people are needing to fight this opiate addiction.

Thank you, Mr. President.

I yield the floor.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 3378, the substitute amendment to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Mitch McConnell, Chuck Grassley, Deb Fischer, John Barrasso, Shelley Moore Capito, Roy Blunt, Johnny Isakson, John Boozman, Mike Crapo, David Vitter, Mike Rounds, Bill Cassidy, James

E. Risch, Lindsey Graham, John McCain, Thom Tillis, Orrin G. Hatch.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on amendment No. 3378, as amended, offered by the Senator from Iowa, Mr. GRASSLEY, to S. 524, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Florida (Mr. RUBIO), the Senator from Pennsylvania (Mr. TOOMEY), and the Senator from Louisiana (Mr. VITTER).

Further, if present and voting, the Senator from Pennsylvania (Mr. TOOMEY) would have voted "yea."

Mr. DURBIN. I announce that the Senator from California (Mrs. BOXER), the Senator from Delaware (Mr. CARPER), the Senator from Missouri (Mrs. MCCASKILL), the Senator from Maryland (Ms. MIKULSKI), the Senator from Florida (Mr. NELSON), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 86, nays 3, as follows:

(Rollcall Vote No. 32 Leg.)

YEAS—86

Alexander	Feinstein	Murphy
Ayotte	Fischer	Murray
Baldwin	Flake	Paul
Barrasso	Franken	Perdue
Bennet	Gardner	Peters
Blumenthal	Gillibrand	Portman
Blunt	Graham	Reed
Booker	Grassley	Reid
Boozman	Hatch	Risch
Brown	Heinrich	Roberts
Burr	Heitkamp	Rounds
Cantwell	Heller	Schatz
Capito	Hirono	Schumer
Cardin	Hoeven	Scott
Casey	Inhofe	Sessions
Cassidy	Isakson	Shaheen
Coats	Johnson	Shelby
Cochran	Kaine	Stabenow
Collins	King	Sullivan
Coons	Kirk	Tester
Corker	Klobuchar	Thune
Cornyn	Lankford	Tillis
Cotton	Leahy	Udall
Crapo	Manchin	Udall
Daines	McCain	Warner
Donnelly	McConnell	Warren
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Ernst	Moran	Wyden

NAYS—3

Lee	Markey	Sasse
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NOT VOTING—11

Boxer	Mikulski	Sanders
Carper	Murkowski	Toomey
Cruz	Nelson	Vitter
McCaskill	Rubio	

The PRESIDING OFFICER. On this vote, the yeas are 86, the nays are 3.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Ohio.

Mr. PORTMAN. Mr. President, that is good news. The Presiding Officer just announced the results of the vote, and that is good news because it means the Senate has just taken another step toward the passage of CARA, the Comprehensive Addiction and Recovery Act.

I see my colleague Senator WHITEHOUSE is on the floor. I thank him and thank my colleagues on both sides of the aisle for moving forward on this legislation that will help us to save friends, family members, our neighbors, and communities that are struggling with addiction.

This is a very important opportunity for us to be able to move forward on legislation that is comprehensive, that is bipartisan, and that has a companion bill on the House side, so there is a very good chance we could get this to the President's desk. It is the only bipartisan legislation that is comprehensive and evidence based, and it is critical we move forward with it.

In addition to Senator WHITEHOUSE, I also thank Senator AYOTTE, Senator KLOBUCHAR, and 42 bipartisan cosponsors for their support.

Frankly, more important to me is the support around the country this legislation has. I think Senator WHITEHOUSE and I now have over 130 groups around the country that are supporting this legislation. This includes doctors, nurses, health care professionals, also law enforcement, people who are in the trenches dealing every day with treatment and recovery, and those who are focused on prevention and how to ensure people cannot just be treated for addiction but try to keep people out of the funnel of addiction.

We started working on this legislation about 3 years ago. We started by hearing from experts around the country. We had five conferences in Washington where we looked at all the issues, including criminal justice, women and addiction, the science of addiction, youth prevention, recovery issues, substance abuse impacting our veterans—a number of issues that enabled us to write legislation that actually makes sense, that will make a difference in our communities. These 130 groups around the country are focused on getting this bill passed because they know it is going to make a difference in our communities.

If enacted, this will help States and communities develop and implement these evidence-based practices that we have looked at from around the country. It expands prevention and educational efforts to prevent prescription opioid abuse and the use of heroin and increases drug disposal sites to keep medications out of the hands of youth.

It also authorizes law enforcement task forces to combat heroin and methamphetamine and expands the availability of the overdose reversal drugs such as naloxone, which are miracle drugs. It provides not just naloxone but also more training to our law enforcement officials, to firefighters, and to other emergency responders.

In the criminal justice system, CARA will help promptly identify and treat individuals suffering from substance abuse and expand diversion and education efforts to give individuals a second chance. Frankly, it is going to help to get people into treatment rather than going into the criminal justice system. Locking up people hasn't worked. If people are being arrested for possession alone, for using, this legislation will help to divert those people into the treatment to get them back on their feet.

CARA also authorizes resources to expand treatment in general, including medication-assisted treatment—again based on the research that has been done around the country.

It allows veterans who were discharged for a substance abuse disorder to use drug courts as they recover. So it provides actual grants to these veterans treatment courts. They are doing a terrific job. I have toured these in Ohio and talked to some of these veterans who have been through these programs. Again, it helps get our veterans back on the right track. Rather than ending in jail, they end up in a treatment program with other veterans helping them and supporting them, where they can begin to deal with their addiction and mental health issues.

CARA supports recovery programs, including those focused on youth and building communities of recovery. This happens now at our colleges and universities increasingly. We want to support that. It also creates a task force on recovery to improve ways to address the collateral consequences imposed by addiction.

One of the most important aspects of this legislation expands drug treatment for pregnant women who struggle with addiction and provides support for babies born with neonatal abstinence syndrome, babies who are born with addiction.

Recently, my wife Jane and I visited Rainbow Babies and Children's Hospital in Cleveland, OH. We toured the neonatal unit. If you haven't done this, it will break your heart because you will find there an increasing number of babies who are born, again, with this addiction, the neonatal abstinence syndrome. Unfortunately, when you look at what has happened in Ohio, we have had a 750-percent increase in the number of babies who are diagnosed with this neonatal abstinence syndrome just since 2004—a 750-percent increase. I am told in some of our States now 10 percent of the babies are being born addicted.

I have also been at other hospitals around our State, including Cincinnati Children's Hospital Medical Center and St. Rita's Special Care Nursery in Lima, OH. Last week my wife went to Nationwide Children's Hospital in Columbus. Every single one of these children's hospitals is experiencing the same thing. What I have learned from these incredibly compassionate nurses and doctors who take these newborns

through a withdrawal process is that the numbers of babies who have been exposed to heroin or prescription drugs continue to grow. The problem is getting worse, not better. These hospitals serve as yet another reminder that addiction is a disease. It is a disease that has to be treated like other diseases, and it is a disease that can impact anyone.

It is wonderful that these caring nurses, doctors, and others are working to try to ensure that these babies become healthy. We don't know what the long-term consequences are, but we need to do more to avoid the addiction in the first place and better treat it when it occurs, and that is what this legislation does. Specifically, the measure takes steps to help women and babies by expanding treatment for expectant and postpartum women and authorizing the Department of Health and Human Services to award grants to ensure that these women have access to evidence-based treatment services. That is in this legislation. It also reauthorizes residential treatment programs for pregnant and postpartum women struggling with addiction.

There is a great center in Columbus, OH, called Amethyst. I had the opportunity to visit it. It is a treatment center, and the average length of stay there is almost 2 years. Their results are unbelievable. They allow women to come with their babies, with their children, to go through treatment together. So there is hope. There are treatment centers doing a great job. We want to hold those up and encourage more of that around the country.

Finally, the legislation also creates a pilot program for State substance abuse agencies that allows funds to be used to target women who are addicted to opioids and provide family-based services to those women in nonresidential settings. So it helps on the residential side but also with the nonresidential outpatient side.

Helping these women and helping these babies is just one aspect of this bill, but it is a very critical one. As we work to turn the tide in the struggle against addiction, it is one on which we should all be focused.

The good news is that the bipartisan momentum we have seen here tonight is building. I think the Senate is ready to move on this legislation this week. There are other amendments that have been filed. The deadline was today. I hope we will have the opportunity to go through some more amendments, as we did last week, but meanwhile, we have strong support and strong momentum, as we saw tonight, on both sides of the aisle. Both Republican and Democratic leaders have lined up to support this legislation. We need to pass this bill and get it signed into law so it can begin to make a real difference in the lives of people we represent.

As the heroin epidemic in Ohio and around the country has reached crisis level, I look forward to working with

my colleagues to get this bill over the finish line here in the Senate and then get it passed in the House, where there is companion legislation, and then on to the President's desk and enable this Congress to play a role as a better partner with State and local governments and with our nonprofits around this country to address this growing heroin epidemic around our entire country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

MINERS PROTECTION ACT

Mr. BROWN. Mr. President, last week I met with Rita Lewis of Westchester, OH, in southwest Ohio. She was here to testify in front of the Senate Committee on Finance in honor of her late husband Butch.

Butch worked as a trucker for 40 years with the promise that the pension he earned would be there to care for his family after he retired.

I would also add that Butch had been drafted by the Pittsburgh Pirates to play baseball some 45 years ago. Instead, he enlisted to go into the U.S. Army and on to Vietnam. He was injured and could never play baseball again competitively. He came back and became a trucker and joined the Teamsters.

As I said, he worked as a trucker for 40 years with the promise that the pension he earned would be there to care for his family after he retired. But for Butch and Rita and thousands more Ohio retirees, that promise is under threat. Truckers and mine workers in Ohio and across the country are facing crippling cuts to the benefits they have earned.

The Multiemployer Pension Reform Act that Congress passed 2 years ago allows pension trustees to propose massive cuts to the earned benefits of retirees when a plan is running low on funds. This is disgraceful. If a pension fund is in bad shape, it is our job to fix it, not break promises to American workers who have worked their whole lives to earn that pension. I believed that 2 years ago when I voted against that law which allowed these proposed cuts, and I believe it more strongly now. That is why I am calling on the Treasury Department to reject and to reject immediately the proposed cuts to the Central States Teamsters' pension. I am calling for us to immediately mark up and pass the Miners Protection Act, which will protect the benefits Ohio workers earned over a lifetime of work.

Under MEPRA, the bill I talked about a moment ago, multiemployer pension trustees such as Central States are now able to propose massive cuts to the earned benefits of participants and retirees if the plans are in "critical and declining status." Pension trustees for plans in "critical and declining status" may submit an application for proposed benefit cuts to the U.S. Treasury Department.

The Central States pension plan trustees used the authority of MEPRA

to propose cuts of as much as 70 percent, but in their own application, they admit that even with these drastic cuts, their plan—get this—still only has a 50.4-percent chance of remaining solvent. In other words, they are asking Treasury to approve massive, life-shattering cuts to hundreds of thousands of workers for what amounts to a coin flip. Treasury should immediately reject this application.

Put yourself—this is something we don't do well around here—put yourself in the place of a worker who has planned for her retirement with her family. She expected a \$2,000-a-month pension on top of \$1,200 a month in Social Security, and she all of a sudden finds out her pension is cut 30, 40, 50, 60, 70 percent. That was the money she planned to live on. She has some savings, but all that was calculated because it was a promise from this pension plan to honor that commitment of decades earlier.

As I said, Treasury should immediately reject this application.

The mine workers' pension plan and the others are too far gone to use MEPRA. The United Mine Workers of America's 1974 pension plan covers 100,000 mine workers, including thousands of miners in eastern and southern Ohio. It was almost completely funded before the financial collapse of 7 years ago brought on by Wall Street overreach and greed, but the plan was devastated by the recession. It has too few assets, too few employers, and too few union workers paying in. If Congress fails to act, thousands of retired miners could lose their health care this year and the entire plan could fail as early as next year.

There is a bipartisan solution that is proposed by Senator MANCHIN, Senator CASEY, me, and others and supported by leaders of both parties. If it were brought to the floor today, it would pass with an overwhelming majority. It is time for the Senate to act. The Committee on Finance should mark up this legislation this week. The Senate should bring it to the floor immediately.

Miners worked in dangerous jobs—dangers from a mining accident, an explosion, or a collapse every day when they went to work, and dangerous in the sense that so many mine workers die early because of premature bronchial illnesses and heart ailments brought on by working in the mines. They have worked underground their whole lives to put food on the table, to send their kids to school, and to help power this country. Truckers crisscross the State and country to pay their bills and support their families and drive our economy forward. They all deserve the full pension and health benefits they were promised and they worked a lifetime to earn.

Butch Lewis led the Southwest Retirees Pension Committee's fight against cuts to their earned benefits. He passed away on New Year's Eve due to a stroke, which doctors have attributed

at least in part to the stress he faced over the proposed pension cuts not just to him and his family but to the workers he was fighting for as a union activist. The benefits to his widow, his wife Rita, have already been cut. She faces an additional 40-percent reduction because of the proposed cuts put forth by Central States. Butch said the cuts being forced on retirees—his words—“amount to a war against the middle class and the American dream.” He is right. Ohio’s retired workers have earned their pensions and their retirement savings over a lifetime of hard work. It was promised to them, whether they worked behind a desk, on the factory floor, down in the coal mines, or behind a wheel.

We should honor Butch’s memory by continuing his work. That means coming together to support a bipartisan solution to protect Rita’s benefits and the pensions of tens of thousands of retired Teamsters and retired mine workers.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO JACQUELYNE BRADY

Mr. REID. Mr. President, today I wish to recognize and honor the career of Jacquelyne “Jackie” Brady, as she retires from her position as town manager for Laughlin, NV.

For more than 20 years, Jackie Brady has been dedicated to serving the residents of Clark County. As the Laughlin town manager, Jackie has managed municipal services that Laughlin residents depend on and enjoy. Throughout her tenure, Jackie has worked to build partnerships that spur economic progress and positively impact Laughlin and southern Nevada. Under her steadfast and innovative leadership, her office created the first economic development plan in the city, supported the improvement of Needles Highway, and helped develop the Colorado River Greenway Heritage Park and Trails, among other accomplishments.

Jackie’s success is hard-fought and well-earned. She was born and raised in east Texas in a segregated community where she was not even allowed to use the local library. Instead, Jackie and

her peers had to learn from textbooks that were outdated and out of circulation. Despite this, Jackie went on to receive her bachelor’s degree from East Tennessee State University, and she later returned to Texas to attend the newly established Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin, where she graduated with a master’s degree.

In addition to her role as Laughlin town manager, Jackie has served as the county liaison to the town of Searchlight, NV, for more than 17 years. In 2014, Jackie was named a Distinguished Woman in Nevada, and in 2015, she was awarded Woman of the Year by the Real Life Church in Las Vegas. Jackie also sits on the Laughlin Chamber of Commerce board and has been involved with the Rotary Club, United Way Allocations Committee, Family Resource Center Board, and the former Laughlin Kiwanis Club.

I congratulate Jackie on her many successes and decades of public service. I appreciate and commend her dedication to the Silver State, and I wish Jackie the best in her retirement and future endeavors.

51ST ANNIVERSARY OF BLOODY SUNDAY

Mr. DURBIN. Mr. President, today marks the 51st anniversary of what has come to be known as Bloody Sunday. On March 7, 1965, JOHN LEWIS and Reverend Hosea Williams led 600 brave civil rights activists in a march over the Edmund Pettus Bridge in Selma, AL. These courageous men, women, and children gathered to draw attention to the systematic disenfranchisement of African Americans in Alabama and throughout much of the Deep South. They marched in pursuit of the most fundamental right, the right preservative of all others—the right to vote.

What they received that day, however, were brutal beatings from police batons as State troopers turned them back and chased them down. More than 50 of the demonstrators were injured. JOHN LEWIS was beaten unconscious and nearly killed.

Ten days later, Federal district court Judge Frank M. Johnson, Jr., granted protection to the activists, ruling that they were permitted to march from Selma to the State capitol in Montgomery. In the historic order he issued, Judge Johnson wrote: “The law is clear that the right to petition one’s government for the redress of grievances may be exercised in large groups. Indeed, where, as here, minorities have been harassed, coerced and intimidated, group association may be the only realistic way of exercising such rights. . . . These rights may be exercised by marching, even along public highways.”

Days later, the march proceeded with a crowd of approximately 3,200 marchers—which swelled to 25,000 by the time they reached the capitol. Within

months, President Lyndon B. Johnson signed the Voting Rights Act into law—guaranteeing that the right to vote would not be restricted through clever schemes, like poll taxes and literacy tests, devised to keep African Americans from voting.

Last month, the foot soldiers of the 1965 voting rights marches were recognized with a Congressional Gold Medal. JOHN LEWIS, who since 1987 has been Congressman JOHN LEWIS, along with Reverend Frederick D. Reese, accepted the medal on behalf of the foot soldiers. At the ceremony, Congressman LEWIS said: “It was their determined marching feet that led to the passage of the Voting Rights Act. . . . They were just ordinary people with an extraordinary vision, to build a true democracy in America.”

In 2005, I was proud to join Congressman LEWIS on a trip to Selma for a ceremonial walk across the Edmund Pettus Bridge to mark the 40th anniversary of Bloody Sunday. As we marched in recognition of that extraordinary vision to build a true democracy, we celebrated the marchers’ achievement—a bill that has often been called the most significant civil rights law ever passed by Congress. Little did we know that, 8 years later, in 2013, the Supreme Court would strike down a major provision of that landmark legislation.

In *Shelby County v. Holder*, on a 5–4 vote, a divided Supreme Court struck down the provision of the Voting Rights Act that required certain jurisdictions to preclear any changes to their voting laws with the Department of Justice. This decision effectively gutted the Voting Rights Act. Since the decision, States like Texas, North Carolina, Alabama, and Mississippi have put in place restrictive State voting laws—which all too often have a disproportionate impact on lower-income and minority voters.

In order to truly honor the foot soldiers of Bloody Sunday and repair the damage done by *Shelby County*, Congress must restore the Voting Rights Act by passing the bipartisan Voting Rights Advancement Act. This bill, which Senator LEAHY, Senator COONS, and I introduced last year, would ensure that the Federal Government is once again able to fully protect the fundamental right to vote.

I wish that, 51 years after Bloody Sunday, America had reached a point where the protections of the Voting Rights Act were no longer necessary. But we have not, and the Voting Rights Act is still very much needed today.

In 2006, Congress reauthorized the Voting Rights Act with an overwhelming bipartisan vote in both the House and the Senate. It is time to once again come together on a bipartisan basis and recognize the ongoing challenges that minority voters all too frequently face. Congress must take action to repair the Voting Rights Act and ensure the legacy of those who marched 51 years ago.

REMEMBERING NANCY REAGAN

Mr. DURBIN. Mr. President, yesterday the American people lost an icon. Nancy Davis Reagan died at the age of 94.

Years ago, during an event at the White House, Nancy once serenaded her husband, singing: "together we are going a long, long way." And boy did they ever.

Born in New York and raised in Chicago, Nancy studied theater at Smith College in Massachusetts before moving westward to California to pursue a career in acting. She appeared in 11 motion pictures, but her life changed forever when her name appeared on the infamous list from the House Un-American Activities Committee. This was a list of people suspected of having ties to the Communist Party.

Worried that she may be blacklisted, she demanded to meet with the president of the Screen Actors Guild in an effort to remove her name. And guess who was serving as president of the Screen Actors Guild—Ronald Reagan.

They met and fell in love. The rest is history.

This month, 64 years ago, Ronald Reagan and Nancy Davis married, and in Nancy's words: "my life really began when I married my husband." And what a life it was.

From the Governor's mansion in California to the White House, one thing was clear, Nancy was always on Ronald Reagan's mind.

Straight out of a Hollywood script, their 52-year marriage was a true American love story. Their mutual love and devotion is a beautiful reminder of what a marriage should look like. We should all be so lucky.

Fiercely loyal to her husband and America, you didn't want to get on the wrong side of Nancy Reagan. She had grit and was one tough lady when she had to be.

Nancy was a passionate protector of her husband and the Presidency. And during talks with the Soviet Union, she constantly encouraged her husband to stay with it and not give up. She understood that nothing is more important than peace, and the historic START I arms reduction treaty may not have been possible had it not been for Nancy.

After her husband's Presidency, she championed issues such as drug and alcohol abuse and afterschool programs. In 1994, after announcing his diagnosis with Alzheimer's, Ronald Reagan wrote: "I only wish there was some way I could spare Nancy from this painful experience."

But Nancy endured by working to stamp out Alzheimer's and tirelessly advocated for embryonic stem cell research for the rest of her life. She was determined to save other families from the pain she had gone through and she raised millions of dollars for research.

She praised President Obama when he removed restrictions on the Federal funding of embryonic stem cell research and even teamed up with Ted

Kennedy to work on these issues that were so close to her heart. Nancy had a special friendship with Ted Kennedy—who would call her every year on her birthday and sing an old Irish song to his dear friend.

That type of bond between the two political parties is missing today in Washington.

In an era when the political discourse can overwhelm the real problems we work to solve, Nancy Reagan's legacy can offer a path forward that we all can learn from. Before her death, Nancy reflected on the state of American politics and the inflammatory rhetoric we hear on the campaign trail, saying: "Do you believe this? Do you believe this?"

Like many of us, she was disappointed by the lack of civility between the candidates. It certainly does not reflect a saying she made famous: "Dignity should be at the center of everything we do."

In honor of Nancy Reagan, I hope we all take that message to heart.

MESSAGE FROM THE HOUSE

At 3:08 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4557. An act to allow for judicial review of any final rule addressing national emission standards for hazardous air pollutants for brick and structural clay products or for clay ceramics manufacturing before requiring compliance with such rule.

The message also announced that the House has passed the following bill, without amendment:

S. 1826. An act to designate the facility of the United States Postal Service located at 99 West 2nd Street in Fond du Lac, Wisconsin, as the Lieutenant Colonel James "Maggie" Megellas Post Office.

The message further announced that pursuant to section 161(a) of the Trade Act of 1974 (19 U.S.C. 2211), and the order of the House of January 6, 2015, the Speaker appoints the following Members on the part of the House of Representatives as Congressional Advisors on Trade Policy and Negotiations: Mr. BRADY of Texas, Mr. REICHERT of Washington, and Mr. NUNES of California.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 4557. An act to allow for judicial review of any final rule addressing national emission standards for hazardous air pollutants for brick and structural clay products or for clay ceramics manufacturing before requiring compliance with such rule; to the Committee on Environment and Public Works.

ENROLLED BILL PRESENTED

The Assistant Secretary of the Senate reported that on March 4, 2016, she

had presented to the President of the United States the following enrolled bill:

S. 1596. An act to designate the facility of the United States Postal Service located at 2082 Stringtown Road in Grove City, Ohio, as the "Specialist Joseph W. Riley Post Office Building".

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. GRASSLEY, from the Committee on the Judiciary:

Report to accompany S. 1890, a bill to amend chapter 90 of title 18, United States Code, to provide Federal jurisdiction for the theft of trade secrets, and for other purposes (Rept. No. 114-220).

By Mr. THUNE, from the Committee on Commerce, Science, and Transportation, without amendment:

S. 1518. A bill to make exclusive the authority of the Federal Government to regulate the labeling of products made in the United States and introduced in interstate or foreign commerce, and for other purposes (Rept. No. 114-221).

By Mr. THUNE, from the Committee on Commerce, Science, and Transportation, with an amendment in the nature of a substitute:

S. 2361. A bill to enhance airport security, and for other purposes (Rept. No. 114-222).

H.R. 2843. A bill to require certain improvements in the Transportation Security Administration's PreCheck expedited screening program, and for other purposes (Rept. No. 114-223).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. UDALL (for himself and Mr. HEINRICH):

S. 2643. A bill to improve the implementation of the settlement agreement reached between the Pueblo de Cochiti of New Mexico and the Corps of Engineers, and for other purposes; to the Committee on Indian Affairs.

By Mr. THUNE:

S. 2644. A bill to reauthorize the Federal Communications Commission for fiscal years 2017 and 2018, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mrs. SHAHEEN (for herself, Mr. MARKEY, Mr. BLUMENTHAL, Mr. WYDEN, Mr. MERKLEY, and Mr. MURPHY):

S. 2645. A bill to impose sanctions with respect to foreign persons responsible for gross violations of internationally recognized human rights against lesbian, gay, bisexual, and transgender individuals, and for other purposes; to the Committee on Foreign Relations.

By Mr. BURR (for himself, Mr. HOEVEN, Mr. TILLIS, Ms. AYOTTE, Mr. DAINES, Mr. BOOZMAN, and Mr. MORAN):

S. 2646. A bill to amend title 38, United States Code, to establish the Veterans Choice Program of the Department of Veterans Affairs to improve health care provided to veterans by the Department, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. WARREN (for herself, Mr. BROWN, Mr. FRANKEN, Mr. BLUMENTHAL, and Ms. BALDWIN):

S. 2647. A bill to strengthen parity in mental health and substance use disorder benefits; to the Committee on Health, Education, Labor, and Pensions.

ADDITIONAL COSPONSORS

S. 386

At the request of Mr. THUNE, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 386, a bill to limit the authority of States to tax certain income of employees for employment duties performed in other States.

At the request of Mr. BROWN, the names of the Senator from Maine (Mr. KING) and the Senator from Rhode Island (Mr. WHITEHOUSE) were added as cosponsors of S. 386, *supra*.

S. 469

At the request of Mrs. MURRAY, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 469, a bill to improve the reproductive assistance provided by the Department of Defense and the Department of Veterans Affairs to severely wounded, ill, or injured members of the Armed Forces, veterans, and their spouses or partners, and for other purposes.

S. 524

At the request of Mr. WHITEHOUSE, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

S. 681

At the request of Mrs. GILLIBRAND, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 681, a bill to amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam, and for other purposes.

S. 911

At the request of Mr. CASEY, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 911, a bill to direct the Administrator of the Federal Aviation Administration to issue an order with respect to secondary cockpit barriers, and for other purposes.

S. 924

At the request of Mr. HELLER, the name of the Senator from Arizona (Mr. FLAKE) was added as a cosponsor of S. 924, a bill to require the National Credit Union Administration to hold public hearings and receive comments from the public on its budget, and for other purposes.

S. 1014

At the request of Mrs. FEINSTEIN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 1014, a bill to amend the Federal Food, Drug, and Cosmetic Act to ensure the safety of cosmetics.

S. 1890

At the request of Mr. HATCH, the name of the Senator from Alaska (Mr.

SULLIVAN) was added as a cosponsor of S. 1890, a bill to amend chapter 90 of title 18, United States Code, to provide Federal jurisdiction for the theft of trade secrets, and for other purposes.

S. 2068

At the request of Ms. COLLINS, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 2068, a bill to amend the Internal Revenue Code of 1986 to include automated fire sprinkler system retrofits as section 179 property and classify certain automated fire sprinkler system retrofits as 15-year property for purposes of depreciation.

S. 2185

At the request of Ms. HETTKAMP, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. 2185, a bill to require the Secretary of the Treasury to mint coins in recognition of the fight against breast cancer.

S. 2248

At the request of Mr. DURBIN, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 2248, a bill to amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes.

S. 2390

At the request of Mr. GRASSLEY, the names of the Senator from Utah (Mr. HATCH) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. 2390, a bill to provide adequate protections for whistleblowers at the Federal Bureau of Investigation.

S. 2427

At the request of Mr. SCHUMER, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 2427, a bill to prohibit discrimination against individuals with disabilities who need long-term services and supports, and for other purposes.

S. 2473

At the request of Mr. SULLIVAN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 2473, a bill to direct the Secretary of Veterans Affairs to carry out a pilot program to provide veterans the option of using an alternative appeals process to more quickly determine claims for disability compensation, and for other purposes.

S. 2499

At the request of Mr. HATCH, the name of the Senator from Ohio (Mr. PORTMAN) was added as a cosponsor of S. 2499, a bill to amend the Internal Revenue Code of 1986 to improve access to health care through expanded health savings accounts, and for other purposes.

S. 2505

At the request of Mr. KIRK, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 2505, a bill to amend the Internal Revenue

Code of 1986 to ensure that retirement investors receive advice in their best interests, and for other purposes.

S. 2540

At the request of Mr. REID, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 2540, a bill to provide access to counsel for unaccompanied children and other vulnerable populations.

S. 2595

At the request of Mr. CRAPO, the names of the Senator from Maryland (Ms. MIKULSKI) and the Senator from Arkansas (Mr. BOOZMAN) were added as cosponsors of S. 2595, a bill to amend the Internal Revenue Code of 1986 to permanently extend the railroad track maintenance credit.

S. 2604

At the request of Mr. WARNER, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 2604, a bill to establish in the legislative branch the National Commission on Security and Technology Challenges.

S. 2616

At the request of Mr. GARDNER, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 2616, a bill to modify certain cost-sharing and revenue provisions relating to the Arkansas Valley Conduit, Colorado.

S.J. RES. 16

At the request of Mr. MENENDEZ, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S.J. Res. 16, a joint resolution proposing an amendment to the Constitution of the United States relative to equal rights for men and women.

S. RES. 349

At the request of Mr. ROBERTS, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. Res. 349, a resolution congratulating the Farm Credit System on the celebration of its 100th anniversary.

S. RES. 385

At the request of Mr. BOOKER, the names of the Senator from Virginia (Mr. WARNER) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. Res. 385, a resolution recognizing the historic achievement of astronaut Scott Joseph Kelly of the National Aeronautics and Space Administration as the first person of the United States to complete a continuous 1-year mission in space.

S. RES. 386

At the request of Mr. CARDIN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. Res. 386, a resolution expressing the sense of the Senate that the United States should establish a goal of more than 50 percent clean and carbon-free electricity by 2030 to avoid the worst impacts of climate change, grow the economy, increase shared prosperity, improve public health, and preserve the national security of the United States.

AMENDMENT NO. 3329

At the request of Mr. DURBIN, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of amendment No. 3329 intended to be proposed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

AMENDMENT NO. 3411

At the request of Mr. TESTER, the names of the Senator from Connecticut (Mr. BLUMENTHAL) and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of amendment No. 3411 intended to be proposed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3428. Mr. CORNYN (for Mr. TOOMEY) submitted an amendment intended to be proposed by Mr. CORNYN to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table.

SA 3429. Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3430. Mr. HOEVEN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3431. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3432. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3433. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3434. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3435. Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3436. Mr. HEINRICH (for himself, Mr. ENZI, and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3437. Mr. FRANKEN (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3438. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3439. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3440. Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3441. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3442. Mr. CASSIDY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3443. Mr. CASSIDY (for himself and Mr. MARKEY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3444. Mr. BLUNT submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3445. Ms. WARREN (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3446. Mr. THUNE (for himself, Mr. BARRASSO, and Mr. TESTER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3447. Mr. LEE (for himself and Mr. HATCH) submitted an amendment intended to be proposed to amendment SA 2953 proposed by Ms. MURKOWSKI to the bill S. 2012, to provide for the modernization of the energy policy of the United States, and for other purposes; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3428. Mr. CORNYN (for Mr. TOOMEY) submitted an amendment intended to be proposed by Mr. CORNYN to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE VIII—IMPROVEMENTS TO OPIOID ADDICTION TREATMENT

SEC. 801. REGISTRATION REQUIREMENTS.

(a) IN GENERAL.—Section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)) is amended—

(1) by striking clause (ii), and inserting the following:

“(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner complies with the following requirements:

“(I) The practitioner provides, either directly or through referral, biopsychosocial counseling services for their patients’ opioid addiction on a regular basis. The practitioner shall not prescribe medications listed in this subparagraph to any patient who does not receive biopsychosocial counseling services regularly. For the purposes of this subclause, ‘regularly’ means weekly for the first 2 months of the treatment of the patient and monthly for each month thereafter during the treatment, unless otherwise established by the State in which the physician is licensed for the purposes of programs established under paragraph (1). The practitioner shall regularly consult with the practitioner providing the counseling, which shall be provided by a program counselor, qualified by education, training, or experience to assess the psychosocial and sociological background of patients, to contribute to the appropriate treatment plan for the patient and to monitor patient progress.

“(II) The practitioner conducts toxicology tests to determine presence of illicit drugs, to ensure patient is taking prescribed medication and to guide clinical decision making including not fewer than 8 random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the practitioner shall perform not less than 1 initial drug abuse test. For patients receiving long-term detoxification treatment, the practitioner shall perform initial and monthly random tests on each patient.

“(III) The practitioner fully participates in and consults the prescription drug monitoring program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines, to ensure patient is not being prescribed opiates elsewhere.

“(IV) The practitioner evaluates the patient in the office setting not less frequently than once per month to determine patient’s individual needs to address the patient’s opioid addiction.

“(V) The practitioner uses the American Society of Addiction Medicine Patient Placement Criteria to guide patient assessment, service planning and level of care decisions.

“(VI) The practitioner follows the Treatment Improvement Protocols of the Substance Abuse and Mental Health Services Administration for best practice guidelines, which shall be updated, not later than 1 year after the date of enactment of this clause, to fully incorporate all opioid addiction treatment medications approved by the Food and Drug Administration.

“(VII) The practitioner has completed—

“(aa) not less than 24 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or similar mediums) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American

Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause; and

“(bb) not less than 8 hours of continuing medical education training in addiction medicine on an annual basis.

“(VIII)(aa) The practitioner—

“(AA) educates patients about the full range of opioid addiction treatment medications that are approved by the Food and Drug Administration; and

“(BB) based on the medical judgement of the practitioner, patient preference, and clinical assessment using validated, evidenced-based assessment tools, provides all opioid addiction treatment medications approved by the Food and Drug Administration, except schedule II substances, directly or by referral, as permitted and available.

“(bb) Nothing in this subclause shall be construed to allow a practitioner registered under this subsection to prescribe or dispense schedule II substances to treat opioid addiction.”; and

(2) by striking clause (iii) and inserting the following:

“(iii) The total number of patients of the practitioner at any one time will not exceed the applicable number. For the purposes of this clause, the applicable number is 45, unless not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 150 patients. A second notification under this clause shall contain the certifications required by clauses (i) and (ii).”.

(b) RULEMAKING.—Not later than 1 year after the date of enactment of this Act, the Attorney General and the Secretary of Health and Human Services, as the case may be, shall promulgate rules to carry out the amendments made by subsection (a).

SEC. 802. DATA COLLECTION.

The Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall establish procedures to require that a physician who have received a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) submit to the Administration the following information on a quarterly basis:

(1) The number of patients the physician is treating relative to the licensed maximum capacity of the physician.

(2) With respect to the health facility in which the physician is providing services, the percentage of physicians providing counseling services on-site and the percentage of patients in counseling and how frequently patients are utilizing such services.

(3) With respect to the health facility in which the physician is providing services, the percentage of physicians referring patients for counseling services off-site and the percentage of these patients in counseling and how frequently the patients are utilizing such services.

(4) The frequency with which the physician utilizes toxicology testing to guide therapeutic dosing and treatment decision making.

(5) The median patient length of time in treatment.

(6) The rate of patient dropout against medical advice.

(7) The rate and type of illicit drug use (opiate and non-opiate) by patients of the physician in the past 30 days.

(8) With respect to the health facility in which the physician is providing services, the percentage of physicians employing medication diversion control strategies.

(9) The median duration per buprenorphine prescription written by the physician.

(10) Patient demographics including age, gender, and payer source (such as Medicaid, private insurance, or other types of payment).

(11) Other information that the Secretary determines to be relevant to determine the quality of care being provided to opioid-addicted patients.

SEC. 803. GAO REPORT ON OPIOID ADDICTION TREATMENT IN THE PHYSICIAN OFFICE SETTING.

(a) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the impact the amendments made by section 801 have had on the quality of care being delivered by physicians who have received a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) and the impact such amendments have had on access to care.

(b) RECOMMENDATIONS.—The report required under subsection (a) shall include recommendations to improve opioid addiction treatment outcomes in the physician office setting.

(c) REQUIRED CONSULTATION.—In developing the methodology of and considering recommendations to be included in the report required under subsection (a), the Comptroller General of the United States shall consult with interested parties who specialize in addiction treatment, such as—

(1) the American Academy of Addiction Psychiatry;

(2) the American Association for the Treatment of Opioid Dependence;

(3) the American Osteopathic;

(4) the Academy of Addiction Medicine;

(5) the American Psychiatric Association;

(6) the American Society of Addiction Medicine;

(7) the National Association of State Alcohol and Drug Abuse Directors; and

(8) the National Council for Behavioral Health.

SEC. 804. OFFSET.

If the Secretary of Health and Human Services determines that the amendments made by section 801 will result in an increase in Federal spending, the Secretary shall reduce the funds available under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11) by such sums necessary to fully offset the cost associated with the amendments made by section 801.

SA 3429. Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 66, line 2, strike “under dishonorable conditions” and all that follows through line 5 and insert the following: “, if the reason for that discharge or release, if known, is attributable to a substance use disorder, service-connected post-traumatic stress disorder, military sexual trauma, or a service-connected traumatic brain injury, as determined on a case-by-case basis.”.

SA 3430. Mr. HOEVEN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to

address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. —. STUDY ON OPIOID TRAFFICKING THROUGH NORTHERN BORDER STATES.

(a) STUDY.—The Secretary of Homeland Security, in coordination with the Attorney General, shall conduct a study on the trafficking of narcotics, specifically opioids, through States that border Canada.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary of Homeland Security, in coordination with the Attorney General, shall submit to the Committee on the Judiciary of the Senate, the Committee on Homeland Security and Governmental Affairs of the Senate, the Committee on Appropriations of the Senate, the Committee on the Judiciary of the House of Representatives, the Committee on Homeland Security of the House of Representatives, and the Committee on Appropriations of the House of Representatives a report on the study conducted under subsection (a), which shall include—

(1) a description of—

(A) the patterns and trends in the trafficking of opioids;

(B) trafficking transportation and delivery methods;

(C) detection efforts and countermeasures used by the United States and Canada;

(D) opioid user trends in the United States and Canada; and

(E) any opioid user awareness campaigns in the United States or Canada;

(2) a discussion of what efforts, if any, the Attorney General and the Secretary of Homeland Security are coordinating with Canadian officials to combat opioid trafficking and use; and

(3) recommendations on—

(A) to how best to combat narcotics trafficking between the United States and Canada; and

(B) needed legal authorizations, funding levels, or international agreements in order to help facilitate better interdiction and prevention efforts.

SA 3431. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(c)(1), insert after subparagraph (H) the following:

(I) the Indian Health Service;

SA 3432. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(d)(1), insert after subparagraph (C) the following:

(D) the management of populations who have both a pain and a mental health diagnosis, including post-traumatic stress disorder and acute stress disorder;

SA 3433. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 2999C(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 304, insert after “community organizations” the following: “, and nonprofit organizations that demonstrate the capacity to provide recovery services to veterans.”.

SA 3434. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(c)(5), insert after subparagraph (D) the following:

(E) organizations recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code (commonly referred to as “veterans service organizations”); and

SA 3435. Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I of the bill, add the following:

SEC. 104. ENHANCING BASIC AND APPLIED RESEARCH ON PAIN TO DISCOVER THERAPIES, INCLUDING ALTERNATIVES TO OPIOIDS, FOR EFFECTIVE PAIN MANAGEMENT.

(a) IN GENERAL.—The Director of the National Institutes of Health (referred to in this section as the “NIH”) may intensify and coordinate fundamental, translational, and clinical research of the NIH with respect to—

- (1) the understanding of pain;
- (2) the discovery and development of therapies for chronic pain; and
- (3) the development of alternatives to opioids for effective pain treatments.

(b) PRIORITY AND DIRECTION.—The prioritization and direction of the Federally funded portfolio of pain research studies shall consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research

Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016-2020, the latter which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

SA 3436. Mr. HEINRICH (for himself, Mr. ENZI, and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, line 25, strike “and”.

On page 11, after line 25, insert the following:

(6) rural community health professionals; and

On page 12, line 1, strike “(6)” and insert “(7)”.

SA 3437. Mr. FRANKEN (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ ESTABLISHING MENTAL HEALTH AND SUBSTANCE USE DISORDER CURRICULUM.

(a) IN GENERAL.—Subpart I of part C of title VII of the Public Health Service Act (42 U.S.C. 293K et seq.) is amended by inserting after section 747A, the following:

“SEC. 747B. ESTABLISHING MENTAL HEALTH AND SUBSTANCE USE DISORDER CURRICULUM.

“(a) SUPPORT AND DEVELOPMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER TRAINING PROGRAMS.—

“(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, a school of medicine or osteopathic medicine, a nursing school, a physician assistant training program, a school of pharmacy, an accredited public or nonprofit private hospital, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract to establish, maintain, or improve—

“(A) academic units or programs that include content and clinical experiences related to mental health and substance use disorder fields, with a special focus on addiction;

“(B) programs that enhance interdisciplinary recruitment, training, and faculty development for the purposes of improving clinical teaching and research in mental health and substance use disorder fields, including addiction;

“(C) programs that develop, assess, and disseminate evidence-based practices for the design of academic units, training programs, and faculty development initiatives in mental health and substance use disorder fields, including addiction; and

“(D) recommendations for medical education curriculum content standards regarding mental health and substance abuse, including addiction, to ensure that medical students are able to recognize, diagnose, and treat mental health and substance use disorders.

“(2) PARTNERSHIP REQUIRED.—To be eligible to receive a grant or contract under paragraph (1), an entity shall enter into a part-

nership with a medical education accrediting organization (such as the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Commission on Osteopathic College Accreditation, the Accreditation Commission For Education in Nursing, the Commission on Collegiate Nursing Education, the Accreditation Council for Pharmacy Education, or the accreditation review commission on education for the physician assistant).

“(b) PREFERENCE IN MAKING AWARDS UNDER THIS SECTION.—In making awards of grants and contracts under subsection (a)(1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

“(1) establishing academic units or programs in mental health and substance use disorder fields, including addiction medicine; or

“(2) substantially expanding such units or programs.

“(c) PRIORITIES IN MAKING AWARDS.—In awarding grants or contracts under subsection (a), the Secretary shall give priority to qualified applicants that—

“(1) have a record of training the greatest percentage of mental health and substance use disorder providers, including addiction providers, who enter and remain in these fields;

“(2) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in settings with integrated primary and mental health and substance use disorder health care service, or have a record of establishing multidisciplinary addiction medicine fellowship training programs;

“(3) have a record of training individuals who are from underrepresented minority groups, including native populations, or from a rural or disadvantaged background;

“(4) provide training in the care of vulnerable populations such as children, pregnant and post-partum women, older adults, homeless individuals, victims of abuse or trauma, and other groups as defined by the Secretary;

“(5) teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals; or

“(6) provide training in cultural competency and health literacy.

“(d) DURATION OF AWARDS.—The period during which payments are made to an entity from an award of a grant or contract under this section shall be 5 years.

“(e) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2018 through 2022.”.

(b) INCREASING TRANSPARENCY REGARDING GRADUATE MEDICAL EDUCATION ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS.—Not later than 5 years after the date of the enactment of this Act, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report that describes the activities that hospitals receiving funding under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) have underway to promote interdisciplinary care teams and provide training for all medical residents, medical students, and faculty in mental health and substance abuse disorders, including addiction medicine.

SA 3438. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national

epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title V, add the following:

SEC. 504. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.

(a) COPAYMENT FOR OPIOID ANTAGONISTS.—Section 1722A(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4) Paragraph (1) does not apply to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.”.

(b) COPAYMENT FOR EDUCATION ON USE OF OPIOID ANTAGONISTS.—Section 1710(g)(3) of such title is amended—

(1) by striking “with respect to home health services” and inserting “with respect to the following:

“(A) Home health services”; and

(2) by adding at the end the following new subparagraph:

“(B) Education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances.”.

SA 3439. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE VIII—CLOSING THE REVOLVING DOOR

SEC. 801. SHORT TITLE.

This title may be cited as the “Close the Revolving Door Act of 2016”.

SEC. 802. LIFETIME BAN ON MEMBERS OF CONGRESS FROM LOBBYING.

(a) IN GENERAL.—Section 207(e)(1) of title 18, United States Code, is amended to read as follows:

“(1) MEMBERS OF CONGRESS.—Any person who is a Senator, a Member of the House of Representatives, or an elected officer of the Senate or the House of Representatives and who, after that person leaves office, knowingly makes, with the intent to influence, any communication to or appearance before any Member, officer, or employee of either House of Congress or any employee of any other legislative office of the Congress, on behalf of any other person (except the United States) in connection with any matter on which such former Senator, Member, or elected official seeks action by a Member, officer, or employee of either House of Congress, in his or her official capacity, shall be punished as provided in section 216 of this title.”.

(b) CONFORMING AMENDMENT.—Section 207(e)(2) of title 18, United States Code, is amended—

(1) in the heading, by striking “OFFICERS AND STAFF” and inserting “STAFF”;

(2) by striking “an elected officer of the Senate, or”;

(3) by striking “leaves office or employment” and inserting “leaves employment”;

and

(4) by striking “former elected officer or”.

SEC. 803. CONGRESSIONAL STAFF.

Paragraphs (2), (3)(A), (4), (5)(A), and (6)(A) of section 207(e) of title 18, United States Code, are each amended by striking “1 year” and inserting “6 years”.

SEC. 804. IMPROVED REPORTING OF LOBBYISTS' ACTIVITIES.

Section 6 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1605) is amended by adding at the end the following:

“(c) JOINT WEB SITE.—

“(1) IN GENERAL.—The Secretary of the Senate and the Clerk of the House of Representatives shall maintain a joint lobbyist disclosure Internet database for information required to be publicly disclosed under this Act which shall be an easily searchable Web site called lobbyists.gov with a stated goal of simplicity of usage.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$100,000 for fiscal year 2017.”.

SEC. 805. LOBBYIST REVOLVING DOOR TO CONGRESS.

(a) DEFINITIONS.—In this section—

(1) the term “foreign principal” has the meaning given that term under section 1(b) of the Foreign Agents Registration Act of 1938 (22 U.S.C. 611(b));

(2) the terms “lobbyist” and “lobbying contact” have the meanings given such terms under section 3 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603); and

(3) the term “registered lobbyist” means a lobbyist registered under the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.).

(b) PROHIBITION.—Any person who is a registered lobbyist or an agent of a foreign principal may not, within 6 years after that person leaves such position, be hired by a Member or committee of either House of Congress with whom the registered lobbyist or agent of a foreign principal has had substantial lobbying contact.

(c) WAIVER.—This section may be waived in the Senate or the House of Representatives by the Select Committee on Ethics of the Senate or the Committee on Standards of Official Conduct of the House of Representatives, respectively, based on a compelling national need.

(d) SUBSTANTIAL LOBBYING CONTACT.—For purposes of this section, in determining whether a registered lobbyist or agent of a foreign principal has had substantial lobbying contact within the applicable period of time, a Member or committee of either House of Congress shall take into consideration whether the individual’s lobbying contacts have pertained to pending legislative business, or related to solicitation of an earmark or other Federal funding, particularly if such contacts included the coordination of meetings with the Member or committee, involved presentations to employees of the Member or committee, or participation in fundraising (except for the mere giving of a personal contribution). Simple social contacts with the Member or committee of either House of Congress and staff, shall not by themselves constitute substantial lobbying contacts.

SEC. 806. REPORTING BY SUBSTANTIAL LOBBYING ENTITIES.

The Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.) is amended by inserting after section 6 the following:

“SEC. 6A. REPORTING BY SUBSTANTIAL LOBBYING ENTITIES.

“(a) IN GENERAL.—A substantial lobbying entity shall file on an annual basis with the Clerk of the House of Representatives and the Secretary of the Senate a list of each employee of, individual under contract with, or individual who provides paid consulting services to the substantial lobbying entity who is—

“(1) a former Senator or a former Member of the House of Representatives; or

“(2) another covered legislative branch official who—

“(A) was paid not less than \$100,000 in any 1 year as a covered legislative branch official;

“(B) worked for a total of not less than 4 years as a covered legislative branch official; or

“(C) had a job title at any time while employed as a covered legislative branch official that contained any of the following terms: ‘Chief of Staff’, ‘Legislative Director’, ‘Staff Director’, ‘Counsel’, ‘Professional Staff Member’, ‘Communications Director’, or ‘Press Secretary’.

“(b) CONTENTS OF FILING.—The filing required under this section shall contain a brief job description of each individual described in subsection (a) and an explanation of their work experience under subsection (a) that requires this filing.

“(c) IMPROVED REPORTING OF SUBSTANTIAL LOBBYING ENTITIES.—The Joint Web site being maintained by the Secretary of the Senate and the Clerk of the House of Representatives, known as lobbyists.gov, shall include an easily searchable database entitled ‘Substantial Lobbying Entities’ that includes information on all individuals described in subsection (a).

“(d) LAW ENFORCEMENT OVERSIGHT.—The Clerk of the House of Representatives and the Secretary of the Senate shall provide a copy of each filing under subsection (a) to the United States Attorney for the District of Columbia, to allow the United States Attorney for the District of Columbia to determine whether a substantial lobbying entity is underreporting the lobbying activities of its employees, individuals under contract, or individuals who provide paid consulting services.

“(e) SUBSTANTIAL LOBBYING ENTITY.—In this section, the term ‘substantial lobbying entity’ means an incorporated entity that employs more than 3 registered lobbyists during a filing period.”.

SEC. 807. ENHANCED PENALTIES.

Section 7(a) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1606(a)) is amended by striking “\$200,000” and inserting “\$500,000”.

SA 3440. Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . NORTHERN BORDER THREAT ANALYSIS.

(a) SHORT TITLE.—This section may be cited as the “Northern Border Security Review Act”.

(b) DEFINITIONS.—In this section:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate;

(B) the Committee on Appropriations of the Senate;

(C) the Committee on the Judiciary of the Senate;

(D) the Committee on Homeland Security of the House of Representatives;

(E) the Committee on Appropriations of the House of Representatives; and

(F) the Committee on the Judiciary of the House of Representatives.

(2) NORTHERN BORDER.—The term “Northern Border” means the land and maritime borders between the United States and Canada.

(c) NORTHERN BORDER THREAT ANALYSIS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Homeland Security shall submit a Northern Border threat analysis to the appropriate congressional committees that includes—

(A) current and potential terrorism and criminal threats posed by individuals and organized groups seeking—

(i) to enter the United States through the Northern Border; or

(ii) to exploit border vulnerabilities on the Northern Border;

(B) improvements needed at and between ports of entry along the Northern Border—

(i) to prevent terrorists and instruments of terrorism from entering the United States; and

(ii) to reduce criminal activity, as measured by the total flow of illegal goods, illicit drugs (including opioids, fentanyl, heroin, and the illegal movement of prescription drugs), and smuggled and trafficked persons moved in either direction across the Northern Border;

(C) gaps in law, policy, cooperation between State, tribal, and local law enforcement, international agreements, or tribal agreements that hinder effective and efficient border security, counter-terrorism, anti-human smuggling and trafficking efforts, and the flow of legitimate trade along the Northern Border; and

(D) whether additional U.S. Customs and Border Protection preclearance and preinspection operations at ports of entry along the Northern Border could help prevent terrorists and instruments of terrorism from entering the United States.

(2) ANALYSIS REQUIREMENTS.—For the threat analysis required under paragraph (1), the Secretary of Homeland Security shall consider and examine—

(A) technology needs and challenges;

(B) personnel needs and challenges;

(C) the role of State, tribal, and local law enforcement in general border security activities;

(D) the need for cooperation among Federal, State, tribal, local, and Canadian law enforcement entities relating to border security;

(E) the terrain, population density, and climate along the Northern Border; and

(F) the needs and challenges of Department facilities, including the physical approaches to such facilities.

(3) CLASSIFIED THREAT ANALYSIS.—To the extent possible, the Secretary of Homeland Security shall submit the threat analysis required under paragraph (1) in unclassified form. The Secretary may submit a portion of the threat analysis in classified form if the Secretary determines that such form is appropriate for that portion.

SA 3441. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . LAWFUL PRESENCE OF PRACTITIONERS REGISTERED UNDER THE CONTROLLED SUBSTANCES ACT.

Section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) is amended by adding at the end the following: “In the case of an ap-

plicant who is an individual, the Attorney General may not register the applicant under this subsection unless the applicant demonstrates that he or she is a national of the United States or is otherwise lawfully present in the United States under the immigration laws.”.

SA 3442. Mr. CASSIDY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . PRESCRIBER EDUCATION.

Section 301 of the Controlled Substances Act (21 U.S.C. 821) is amended—

(1) by striking “The Attorney General” and inserting “(a) Except as provided in subsection (b), the Attorney General”; and

(2) by adding at the end the following:

“(b) A fee charged by the Attorney General under subsection (a) relating to dispensing narcotic drugs in schedule III, IV, or V or combinations of such drugs in accordance with section 303(g)(2) shall be reduced by 50 percent if the practitioner has completed not less than 24 hours of training during the 3-year period ending on the date that is 30 days earlier than the date on which an application for registration under section 303(g)(2) is submitted (through classroom situations, seminar at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of substance use disorders, including opiate-dependent patients, provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Attorney General determines is appropriate for purposes of this subsection after providing notice and a period for public comment.”.

SA 3443. Mr. CASSIDY (for himself and Mr. MARKEY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 27, line 19, strike “and”.

On page 28, line 20, strike the period and insert “; and”.

On page 28, between lines 20 and 21, insert the following:

(3) a State that requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(D) linking patients to evidence-based treatment for substance use disorders; and

(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

On page 39, line 20, strike “and”.

On page 39, line 23, strike “program.” and insert “program; and”.

On page 39, after line 23, insert the following:

“(5) with respect to States, give preference to a State that requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

“(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

“(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

“(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

“(D) linking patients to evidence-based treatment for substance use disorders; and

“(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.”.

On page 42, line 19, strike “and”.

On page 43, line 10, strike the period and insert “; and”.

On page 43, between lines 10 and 11, insert the following:

(3) requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(D) linking patients to evidence-based treatment for substance use disorders; and

(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

On page 67, between lines 18 and 19, insert the following:

(A) mandatory training for all licensed prescribers of schedule II and III narcotic substances on, at a minimum—

(i) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(ii) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(iii) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(iv) linking patients to evidence-based treatment for substance use disorders; and

(v) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists;

On page 72, line 8, strike “and”.

On page 72, line 12, insert “and” after the semicolon.

On page 72, between lines 12 and 13, insert the following:

(III) is trained on—

(aa) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(bb) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(cc) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(dd) linking patients to evidence-based treatment for substance use disorders; and

(ee) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists;

On page 94, after line 17, insert the following:

SEC. 705. GAO REPORT ON TRAINING FOR PRESCRIBERS.

Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on—

(1) the number of States that have a mandatory training program for prescribers of opioids;

(2) when each State that has mandatory training for prescribers of opioids implemented the training program;

(3) the differences between the mandatory training programs for prescribers of opioids from State to State; and

(4) whether, in each State with a mandatory training program for prescribers of opioids, the number of deaths related to opioid abuse has changed since the implementation of the training program.

SA 3444. Mr. BLUNT submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . TELEHEALTH GRANTS FOR PREVENTION AND TREATMENT OF OPIOID ABUSE.

(a) IN GENERAL.—Section 330I of the Public Health Service Act (42 U.S.C. 254c-14) is amended—

(1) in subsection (b), by inserting “, which may include telehealth opioid abuse prevention and treatment grant programs” before the period;

(2) in subsection (d)(1)(A), by inserting “, including health care services for the prevention and treatment of opioid abuse” after “health care services”;

(3) in subsection (f)(1)(B)(iii)—

(A) in subclause (IX) by inserting “, including community mental health centers meeting the criteria specified in section 1913(c) and located in rural areas” after “outpatient mental health facilities”; and

(B) by adding at the end the following:

“(XIII) Drug abuse and opioid abuse treatment specialists.

“(XIV) Drug treatment and detoxification centers located in rural areas, as identified by the Secretary.

“(XV) Clinics or hospitals of the Indian Health Service, including hospitals and clinics operated by Indian tribes or tribal organizations.”; and

(4) in subsection (k)—

(A) in paragraph (1)(A), by inserting “, including prevention and treatment services for opioid abuse or addiction,” after “clinical telehealth services”; and

(B) by adding at the end the following:

“(3) TELEHEALTH OPIOID ABUSE PREVENTION AND TREATMENT.—The recipient of a telehealth opioid abuse prevention and treatment grant referred to in subsection (b) may use funds received through such grant to—

“(A) provide prevention and treatment services to rural communities and coordinate care for individuals in such communities receiving treatment for opioid abuse or addiction;

“(B) provide continuing education to rural clinicians on emerging treatment options for individuals suffering from opioid addiction, including through the use of electronic health records linking rural providers with specialists and other opioid prevention and treatment experts in order to improve health care outcomes;

“(C) provide continuing education to rural emergency medical service providers to improve capacity to respond to opioid overdoses;

“(D) coordinate broader clinical services for individuals suffering from opioid addiction or recovering from such addiction;

“(E) focus primarily on opioid prevention and addiction services and providing other clinical services as needed in rural settings; and

“(F) develop best practices in delivery of opioid abuse prevention and treatment through telehealth services.”.

SA 3445. Ms. WARREN (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . PRESCRIPTIONS.

Section 309(a) of the Controlled Substances Act (21 U.S.C. 829(a)) is amended—

(1) by inserting “(1) IN GENERAL.—” before “Except”; and

(2) by adding at the end the following:

“(2) PARTIAL FILLING OF PRESCRIPTIONS.—

“(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

“(i) it is requested by—

“(I) the patient; or

“(II) the practitioner that wrote the prescription, if the practitioner wrote the prescription in accordance with paragraph (1);

“(ii) the pharmacist partially filling the prescription makes a notation of the partial filling and records it in the same manner as a filling of the prescription, in accordance with regulations prescribed by the Attorney General;

“(iii) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed; and

“(iv) the partial filling is not prohibited under the law of the State in which it occurs.

“(B) REMAINING PORTIONS.—Remaining portions of a partially filled prescription—

“(i) may be filled; and

“(ii) must be exhausted not later than 30 days after the date on which the prescription is issued, except in the case of a partially filled emergency prescription, the remaining portions of which must be exhausted not later than 72 hours after the prescription is issued.”.

SA 3446. Mr. THUNE (for himself, Mr. BARRASSO, and Mr. TESTER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 9, between lines 10 and 11, insert the following:

(2) the term “Indian tribe” has the meaning given the term in section 901(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791(a));

On page 9, line 11, strike “(2)” and insert “(3)”.

On page 9, line 16, strike “(3)” and insert “(4)”.

On page 9, line 21, strike “(4)” and insert “(5)”.

On page 12, line 14, strike “State and local” and insert “State, tribal, and local”.

On page 14, line 5, insert “and the Indian Health Service” before the period.

On page 16, line 1, insert “or tribal” after “local”.

On page 16, line 22, insert “or tribal” after “local”.

On page 17, line 2, insert “or tribal” after “local”.

On page 22, line 12, insert “or tribal” after “State”.

On page 22, line 13, insert “or tribal” after “State”.

On page 23, line 7, insert “, and tribal if applicable,” after “local”.

On page 23, line 11, insert “, including tribal law enforcement agencies if applicable” before the semicolon.

On page 23, between lines 17 and 18, insert the following:

(D) demonstrate consultation with affected Indian tribes, if applicable;

On page 23, line 18, strike “(D)” and insert “(E)”.

On page 23, line 22, strike “(E)” and insert “(F)”.

On page 27, line 17, insert “or the agencies and tribal governments,” after “the agencies,”.

On page 32, line 15, insert “, and tribal if applicable,” after “State”.

On page 35, line 1, strike “tribal law” and insert “tribal, or Bureau of Indian Affairs law”.

On page 36, line 9, insert “and tribal” after “State”.

On page 36, line 9, insert “, or Indian tribes served by the Bureau of Indian Affairs,” after “agencies”.

On page 41, line 19, insert “and, if applicable, affected Indian tribes” before the semicolon.

On page 42, line 24, strike “and”.

On page 43, line 16, strike the period and insert “; and”.

On page 43, between lines 16 and 17, insert the following:

(3) consults, if applicable, with Indian tribes for the purposes of this section.

On page 45, line 20, strike “or”.

On page 45, line 21, strike the period and insert “; or”.

On page 45, between lines 21 and 22, insert the following:

“(F) a Bureau of Indian Education-funded school.

On page 52, line 19, strike “and”.

On page 52, line 20, insert “, and tribally controlled colleges or universities (as defined in section 2(a) of the Tribally Controlled College or University Assistance Act of 1978 (25 U.S.C. 1801(a)))” after “providers”.

On page 56, line 4, strike “or State” and insert “, State, or tribal”.

On page 57, line 10, insert “, tribal,” after “State”.

On page 57, line 21, strike “or State” and insert “, State, or tribal”.

On page 60, line 7, insert “AND TRIBAL” after “STATE”.

On page 60, line 11, insert “and Indian tribes” after “agencies”.

On page 60, line 18, insert “and Indian tribes” after “agencies”.

On page 60, line 23, strike “a”.

On page 60, line 24, strike “State system managed by State” and insert “State and tribal systems managed by State and tribal”.

On page 61, line 24, strike “and”.

On page 62, line 3, strike the period and insert “; and”.

On page 62, between lines 2 and 3, insert the following:

“(F) shall apply requirements described in this section for State substance abuse agencies to participating Indian tribes to the maximum extent possible.

On page 62, line 22, insert “tribal governments,” after “agencies,”.

On page 66, line 6, insert “AND TRIBAL” after “STATE”.

On page 66, line 11, insert “AND TRIBAL” after “STATE”.

On page 67, line 17, insert “and Indian tribes” after “States”.

On page 67, line 20, insert “or Indian tribe” after “State”.

On page 68, line 5, insert “ or, if applicable, Indian tribe” after “State”.

On page 68, line 11, insert “and, if applicable, Indian tribes” after “States”.

On page 68, line 14, insert “or Indian tribe” after “State”.

On page 68, line 17, insert “or Indian tribe” after “State”.

On page 70, line 2, insert “or Indian tribe” after “State”.

On page 70, line 23, strike “and”.

On page 71, line 3, strike the period and insert “; and”.

On page 71, between lines 3 and 4, insert the following:

(V) if applicable, a plan for how the State will consult with Indian tribes and integrate tribal health programs (as defined by section 4 of the Indian Healthcare Improvement Act (25 U.S.C. 1603)) and tribal or Bureau of Indian Affairs law enforcement into planning.

On page 71, line 6, insert “or Indian tribe” after “State”.

On page 71, line 9, insert “or Indian tribe” after “State”.

On page 71, line 14, insert “or Indian tribe” after “State”.

On page 71, line 21, insert “or Indian tribe” after “State”.

On page 74, line 15, insert “and, if applicable, affected Indian tribes” before the semicolon.

On page 76, line 22, strike “and”.

On page 77, line 3, strike the period and insert “; and”.

On page 77, between lines 3 and 4, insert the following:

(G) if applicable, ensures consultation with affected Indian tribes.

SA 3447. Mr. LEE (for himself and Mr. HATCH) submitted an amendment intended to be proposed to amendment SA 2953 proposed by Ms. MURKOWSKI to the bill S. 2012, to provide for the modernization of the energy policy of the United States, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . REQUIREMENTS FOR ESTABLISHMENT OR EXPANSION OF NATIONAL MONUMENTS IN THE STATE OF UTAH.

Effective during the period beginning on the date of enactment of this Act and ending

on the date that is 1 year after that date, no establishment or expansion of a National Monument in the State of Utah shall be carried out unless expressly authorized by Act of Congress.

ORDERS FOR TUESDAY, MARCH 8, 2016

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, Tuesday, March 8; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate be in a period of morning business for 1 hour, equally divided, with Senators permitted to speak therein for up to 10 minutes each, and with the Democrats controlling the first half and the majority controlling the final half; further, that following morning business, the Senate resume consideration of S. 524; further, that the Senate recess from 12:30 p.m. to 2:15 p.m. to allow for the weekly conference meetings; finally, that all time during morning business, recess, and adjournment of the Senate count postcloture on amendment No. 3378.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:38 p.m., adjourned until Tuesday, March 8, 2016, at 10 a.m.